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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 Joseph's Hospital Ardee
Name of provider:	Health Service Executive
Address of centre:	Townspark, Ardee, Louth
Type of inspection:	Unannounced
Date of inspection:	24 September 2025
Centre ID:	OSV-0000537
Fieldwork ID:	MON-0048363

## About the designated centre

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

St Joseph's Hospital is a four storey building, built in 1780 with extensions added the latest in 2010. It was built as a family home, converted to a hospital for the local area and is now a registered nursing home. The centre provides care to a maximum of 17 residents, male and female, over 18 years of age. All residents accepted for admission require long term care. Residents of all dependency levels are assessed and accepted for admission. The residents accommodation is located on the ground floor. The bedrooms are made up of 3 bedded, twin and single bedrooms. There is ample parking around the building and residents have access to an enclosed garden and grounds surrounding the hospital. St Joseph's Hospital is located on the outskirts of Ardee town just off the N2.

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

Number of residents on the date of inspection:	16
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 24 September 2025	12:30hrs to 17:00hrs	Sheila McKevitt	Lead

## What residents told us and what inspectors observed

This was an unannounced monitoring inspection conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

During the day, the inspector walked around the centre observing practices and speaking with those residents who were awake and able to communicate. Nine residents were spoken with, seven provided more in-depth verbal feedback about life in the centre, which was overwhelmingly positive. Residents said their rights were upheld and they felt safe living in the centre. Those spoken with said they were always treated with respect by staff. However, practices observed on the day showed that significant improvements in the culture of care were required to ensure a human-rights based approach to care was promoted, as further described in the report.

The premises is an old structure and the inspector found that some areas were in a poor state of repair, which was a recurrent finding from previous inspections. Residents continued to live in multiple occupancy bedrooms where the bedroom floors were splattered with paint, walls damaged and wooden doors and skirting chipped. There were three multiple occupancy bedrooms, which were occupied. Residents' privacy was protected by a cotton screen around their bed space. They had minimum storage facilities at their bed space for personal belongings, for example, each had a long tall narrow wardrobe by their bed for their personal belongings and some of these could not be closed properly due to the volume of clothing bulging out of the small space. The inspector observed that two residents had brought this issue up at the last residents meeting held in August 2025, but to date it had not been addressed.

Residents had a voice, a resident was president of the residents' committee and they met every month. They brought their issues to the fore and discussed issues of importance to them. For example, they had discussed the newly built centre which they looked out at everyday since its completion over one year ago and for which they still did not have a move in date. As a result of ongoing delays, residents continued to live in suboptimal conditions in an environment that did not uphold their rights and privacy. In addition, the culture of care

Residents said it was a homely place to live, staff were very kind and they 'couldn't do enough' for them. Residents observed in bed had call-bells by their side. The inspector observed that some residents were in bed from the time the inspection started and remained in bed throughout the inspection period. This plan of care was not outlined in their care plan. Other residents were observed being assisted into bed shortly after 15.00hrs. At 15.45hrs the inspector asked why these residents were in bed in their nightwear so early, and was informed by staff that on the days when there were no activities planned in the afternoon, residents were returned to bed. The care plans of the residents in question were checked and were not found

to have such preferences reflected in their daily plan of care. The inspector spoke with a resident in bed who said they would have liked to get up, but were told they could not. Staff confirmed that the resident was only getting out every second day, however this arrangement was not informed by a risk assessment and outlined in their individual care plan. Therefore, the care delivered was not person-centred but driven by staff and institutional practices which were denying residents', particularly those of maximum dependency, the right to choice.

There were no activities planned for the day of inspection. The inspector was informed that the activity staff member was on a day off and therefore there was only one activity, an exercise class, which had been facilitated by care staff in the morning, in the communal room. Residents who remained in bed, in their bedroom alone had no planned interactions or activities for the day. Throughout the day, these residents were seen on their own in their bedroom with little stimulation.

Residents said the food was good, they got a choice and praised the chef. The lunch and tea served was well-presented, appeared hot and provided choice. The residents that were of maximum dependency were provided with assistance by staff, at mealtimes. Those in bed at tea-time were assisted to sit up and eat their meal in bed, while wearing their nightwear.

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 affect the quality and safety of the service being delivered.

## Capacity and capability

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse.

This centres level of regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended) had decreased. Residents were receiving a standard of care where their religious needs were being met, however the inspector was not assured that individualised health and social care needs were being met in a safe and secure environment. The inspector observed routine practices and a culture where the care needs of residents appeared to be driven by staff and not based on a person-centred and human-rights based approach to care. This had not been identified by the registered provider in any of their audits.

The provider was the Health Service Executive (HSE). The person in charge was supported by a general manager and two clinical nurse managers (CNM). The management team demonstrated a good understanding of their roles and responsibilities. Their lines of accountability were clearly reflected in the organisational structure as outlined in the updated statement of purpose. There was

a CNM in charge on the day of inspection. Notwithstanding the structures in place, allocation of resources and management systems of oversight were not effective at providing a high quality care and safe environment that put the residents at the centre of service. This is further detailed under Regulation 23: Governance and Management.

There was a full complement of staff in place in line with the planned rosters and to ensure the needs of residents could be met. However, oversight of staff practices was not effective and a full review of the staff culture was required to ensure that staff were implementing care that upheld residents' dignity and reflected their preferences and choice in respect of how they would like to spend the day and the times to go to bed or get up.

All staff did not have the appropriate training to ensure they had a good, clear and comprehensive understanding of the right to choice and a rights-based approach to care. Even those that had completed the training in this topic, did not assure the inspector they understood the right to autonomy, choice, dignity and respect.

### Regulation 15: Staffing

There was a sufficient number of staff rostered on duty to ensure the physical care needs of the residents were met in a prompt and safe manner. The staffing levels were adjusted according to the number and assessed needs of residents on each unit.

There was a minimum of one qualified nurse on duty on each shift.

Judgment: Compliant

### Regulation 16: Training and staff development

Notwithstanding the fact that all staff had safeguarding training in place, a number of staff did not demonstrate a good understanding of residents' rights and person-centred care. On review of training records, 70% of staff had completed training on a rights-based approach to care.

The supervision of staff required straightening to ensure residents' rights were reflected in their nursing records and were being upheld in the delivery of care.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The management and allocation of resources required review to ensure the service promoted and provided a culture that moved beyond meeting the basic care needs to one that upheld residents' rights and personhood. For example, staff dedicated for the provision of activities were only available four days on the week of inspection. This meant that, outside those days, meaningful activities for occupation, social stimulation and engagement were left at the discretion of healthcare assistants as an add on to their role. The inspection findings are that institutional practices had evolved, and on the days where there were no activity staff, residents were either left in their bedroom, or transferred to bedroom after lunch.

Oversight of staff practices and service required strengthening to ensure residents' rights were upheld at all times and to ensure they were safeguarded in their home.

- There was ineffective managerial oversight in place to ensure the needs of all residents were met, particularly in terms of the arrangements for assessments and care planning. As a result, residents were exposed to risks and did not receive the standard of care necessary to safeguard their health and wellbeing.
- There was ineffective oversight arrangements of some areas of the environment, such as the bedroom floors which were visibly not clean and other areas referred to in more detail under Regulation 17: Premises.
- The culture of service did not consistently promote a person-centred approach to care.
- Queries or concerns raised by residents during residents' meetings were not timely and effectively followed up and addressed.

Judgment: Not compliant

## Quality and safety

Overall, residents were in receipt of a standard of care which was dictated by staff and did not reflect the preferences or choices made by residents

Residents felt safe living in the centre and the feedback from residents informed the inspector that in general safeguarding measures were in place and followed by staff. In addition, there had not been any safeguarding issues reported from the centre. Notwithstanding, practices observed on the day reflected a culture that prioritised routines over residents' rights to meaningful participation and social engagement.

Residents had computerised nursing documents in place. The comprehensive assessments for a sample of residents reviewed were updated on a four monthly basis however, they were incomplete, many with blank spaces so it was difficult to

determine if there was any safeguarding concern. Some of the care plans developed to direct care were not person-centred and did not reflect the care choices or preferences of the residents. This is discussed further under Regulation 5: Individual assessment and care plan.

Only some residents were supported to live their lives as they wished and were facilitated with a 'positive risk-taking' approach. The inspectors observed that those who could speak up for themselves were encouraged or facilitated to live life as per their choices. However, residents living with dementia and those of maximum dependency were not provided with the right and ability to decide what they wanted to do and how they lived their lives.

Where residents presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), there was a specific care plan in place to guide staff in how best to support the resident. The monitoring of these behaviours was well-documented and from this, triggers were identified and measures put in place to mitigate the risk of re-occurrence.

Residents did not have access to a wide range of activities to meet their needs. Residents who remained in bed all day had no stimulation, they were not provided with any one-to-one activities.

The premises was old and in a poor state of repair in areas, as reflected in previous inspection reports. The lack of private space provided to residents has a negative impact on their rights. For example, residents' right to privacy, particularly for those living in the multi-occupancy bedrooms, their right to adequate personal storage facilities denied time after time, all of which are outlined further under Regulation 9: Residents' rights.

Residents had access to the centre's complaints procedure, advocacy services and they attended regular residents meetings, however as mentioned under Regulation 23: Governance and Management it was not always clear if the issues they brought up were addressed.

## Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. A sample of communication plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

## Regulation 17: Premises

Improvement was required of the registered provider, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- Not all areas of the designated centre were clean and well-maintained. For example, one three bedded room had residual paint splattered all over the floor, which looked unsightly and detracted from the homely feel of the room.
- Areas inside of the centre were not well-maintained. For example, numerous walls were damaged and wooden doors and skirting chipped.
- In one twin bedroom, the floor covering was missing from one area and the concrete floor was exposed. This bed was not occupied on the day of inspection.
- Not all areas of the centre were appropriately equipped to uphold residents' rights and support safe care delivery. For example, in a number residents' rooms the sinks were not fitted with plugs and therefore residents could not use these sinks to wash or shave.
- Lockable storage was not available in all resident bedrooms.
- There were no privacy locks on a small number of resident bedroom doors, therefore the premises did not facilitate them to maintain their privacy.
- Residents did not have an adequate amount of storage for their personal belongings at their bed space as the storage facility provided was small, tall and narrow. Residents reported that the personal storage facilities were not appropriate to meet their needs.
- There was insufficient storage at the centre. Manual handling equipment was inappropriately stored in one of the multi-occupancy bedrooms, which reduced the amount of available personal space available for residents use.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

Notwithstanding the comprehensive assessments completed on admission, improvements in nursing documentation were required to ensure residents' needs were met. For example;

- A sample of comprehensive assessments reviewed were incomplete, with several sections left blank.
- There were inconsistencies between information present in some residents' care plans and the care being delivered. For example, one resident who was in bed on the day of the inspection told the inspector that staff would not get them up and they wanted to get up. The staff nurse stated that the resident got up on alternate days, however this was not reflected in the residents' care plan.

- The information in some care plans was duplicated and was not consistent with the care being delivered.
- The care plans did not clearly reflect some residents' preferences. For example, one resident's comprehensive assessment stated they usually settled at 21.30; the resident's care plan did not reflect their preferred time to get into bed at night or to get up in the morning. This resident was assisted back put back to bed after lunch.

Judgment: Not compliant

## Regulation 7: Managing behaviour that is challenging

Residents that had been assessed as displaying behaviours that challenge intermittently, had care plans that reflected their individual needs, known triggers and known de-escalation techniques.

All restrictive practices were implemented in line with the centre's local policy and national guidance. Where alternative less restrictive practices were trialled this was detailed in the resident's restrictive practice risk assessment. There was a multi-disciplinary team approach to the use of restrictive practice. The resident and, with their consent, their next-of-kin were communicated with prior to any form of restrictive practice being implemented.

Judgment: Compliant

## Regulation 8: Protection

The provider had taken measures to safeguard residents living in the centre. There was a safeguarding policy in place. All staff had been Garda vetted and completed safeguarding training prior to commencement of their role. No incidents of abuse had been reported in this registration cycle.

The provider was a pension-agent for a small number of residents. There was clear and transparent documentation in place ensuring residents' finances were safeguarded.

However, as mentioned under Regulation 23: actions were required to ensure residents were not exposed to risks and received the standard of care necessary to safeguard their health and wellbeing.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' rights were not being upheld. For example:

- Residents' preferences in relation to their care were not being implemented in practice.
- Residents' right to privacy was not consistently upheld. Some bedroom doors did not have privacy locks. In addition, the fabric screening around residents' bed provided reduced levels of privacy.
- Residents did not have access to activities to meet their individual needs on the day of inspection, or on the days when dedicated activity staff were not available.
- Residents who stayed in their bedrooms did not receive opportunities for meaningful one-to-one activities tailored to their abilities and preferences. As a result, this lack of engagement did not support their ability to enjoy meaningful experiences throughout the day.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for St Joseph's Hospital Ardee OSV-0000537

Inspection ID: MON-0048363

Date of inspection: 24/09/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"><li>• The PIC has reviewed the training matrix. PIC will ensure that all staff have completed the four e-Learning modules on applying a human rights-based approach in health and social care: putting national standards into practice on HSE Land in the coming weeks, regardless of whether they have completed this training previously. This training will be mandatory for all new staff.</li><li>• The PIC will use a competency tool to check staff knowledge and compliance in this area following each training.</li></ul>	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <p>The PIC has commenced conducting night inspections and will continue doing regular night visits to ensure that the residents are receiving a good standard of care at all times. Conducting regular spot checks will safeguard residents' health and well-being, and ensure staff are providing adequate night supervision to our residents.</p> <ul style="list-style-type: none"><li>• PIC has revised some of the audit tools, including the care plan audit tool, to capture the choices and preferences of each resident. Both PIC and the deputy to PIC will ensure that all care plans and assessments are audited regularly, and no less than 4 monthly, and arrange a meeting with the key worker when gaps are identified.</li><li>• All Residents individual activity care plans have been reviewed in conjunction with the</li></ul>	

activity coordinator to capture the resident's likes and dislikes. There is a system in place to record all activities that residents enjoy, as well as those they don't wish to participate in.

- The activity planner has been reviewed to ensure that activities are planned for every day of the week. Activities are reduced at weekends to facilitate family visits and home visits. A staff member will be allocated to do activities on the days the dedicated activity staff is not available, or on duty.
- The PIC and the deputy are conducting regular spot checks and environmental audits to ensure all areas are clean and homely for the residents. Any areas identified as unacceptable are addressed and dealt with immediately.
- The PIC will ensure that all queries raised at the residents' satisfaction surveys and Residents Forum meetings are followed up on and addressed promptly.
- The PIC is completing competency assessments with staff to identify staff knowledge on person-centred care, and all evidence of poor practices will be addressed immediately. The PIC will make sure all staff will have completed the four e-Learning modules on applying a human rights-based approach in health and social care: putting national standards into practice on HSE Land in the coming weeks, as mandatory for all staff. This training will also be mandatory for all new and agency members of staff.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• A plan is in place to complete the floor covering work on the area where the concrete floor was exposed in the resident's bedroom area.</li> <li>• Funding has been secured to upgrade the current wash hand basin to the required specifications. This can then be used by the Resident to wash or shave. As an interim measure, the PIC has ensured all residents have access to a plastic basin to carry out this.</li> <li>• All wardrobes have locks for storing personal items; Residents will be provided with a lockable storage area in their room.</li> <li>• The PIC will conduct a fire safety assessment with Master Fire in order to determine if a lock can be installed on all the bedrooms that don't have privacy locks currently.</li> <li>• A full review of the wardrobes has been carried out by the PIC, and a declutter exercise has taken place along with residents and families.</li> <li>• A storage space has been identified in the Centre to store Residents' coats or jackets for going out. This ensures the wardrobes are not cluttered with heavy bulky clothing. All Residents clothes will be clearly labelled in order to ensure safety of personal belongings.</li> <li>• The PIC has identified a storage space to store the manual handling equipment when not been in use.</li> </ul>	

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>• PIC has revised the care plan audit tools; the tool now includes all assessments that capture the choices and preferences of each resident. The PIC and the CNMs will ensure that the care is always delivered as per the residents' choices and preferences that is consistent with the assessments and the care plan.</li> <li>• All the care plans have been audited since the inspection, and the PIC can now ensure the residents' preferences are clearly reflected on the holistic care plan. The PIC and the CNMs will ensure that all care plans and assessments are audited regularly and no less than 4 monthly and arrange a meeting with the key worker when gaps are identified. Areas of poor practice will be addressed immediately and in each staff member's PDP on HseLand.</li> <li>• Residents will be asked each morning what their preference is on how they wish to spend their day and nursing staff will record this in their daily progress notes if any changes from the care plan, thus ensuring Residents' choice is respected daily.</li> </ul>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• The PIC and the CNMs are monitoring daily the care delivered, ensuring residents' choices and preferences are respected and in line with the individual assessments and the care plan.</li> <li>• The PIC will complete a fire safety assessment with Masterfire contractors of all the doors to assess whether a lock can be considered on all the bedrooms that don't have privacy locks in place.</li> <li>• PIC has reviewed all bed rail curtains and put an end track on all to ensure the curtains can be pulled securely with no gaps on any sides placing resident's privacy and dignity at risk.</li> <li>• The activity planner has been reviewed to ensure activities are planned 7 days per week, with reduced activity at weekends in order to facilitate family visits and home visits. A staff member will be allocated to do activities on the days the dedicated activity staff is not available.</li> <li>• The activity planner has been revised to include meaningful individual activities for residents who wish to spend their day in bed. Any activities offered and enjoyed or declined will be recorded on the activity section of the resident's care plan.</li> </ul>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	15/12/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	26/10/2025
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.	Not Compliant	Orange	31/03/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with	Substantially Compliant	Yellow	04/11/2025

	the statement of purpose.			
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	04/11/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	01/12/2025
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	26/09/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after	Not Compliant	Orange	01/12/2025

	consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	15/10/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	15/10/2025
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.	Not Compliant	Orange	15/10/2025