



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

Issued by the Chief Inspector

Name of designated centre:	Maryfield Nursing Home
Name of provider:	The Frances Taylor Foundation Chapelizod CLG
Address of centre:	Old Lucan Road, Chapelizod, Dublin 20
Type of inspection:	Unannounced
Date of inspection:	23 February 2026
Centre ID:	OSV-0000064
Fieldwork ID:	MON-0046601

About the designated centre

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

Maryfield Nursing Home aims to provide full time nursing care in a supportive and stimulating environment for residents over the age of 18. It is a purpose built nursing home with 69 single ensuite bedrooms, for both male and female residents. General nursing care, dementia care, palliative and end of life care are all available in the nursing home. It is situated in Chapelizod with many amenities nearby. These include restaurants, public houses, shops and public parks. There are facilities for recreation onsite; including activity rooms, a library and pleasant grounds which include secure internal courtyards. There are activities taking place in the centre that link with the community, for example a choir and a knitting group. There is also daily roman catholic mass.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	67
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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
Monday 23 February 2026	08:00hrs to 16:05hrs	Laurena Guinan	Lead
Monday 23 February 2026	08:00hrs to 16:05hrs	Kaleda Ramadani	Support

What residents told us and what inspectors observed

Residents living in Maryfield Nursing Home gave positive opinions on living in the centre, describing the staff as kind and caring, and telling inspectors that the centre was 'immaculately clean' and very comfortable. 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 (as amended). Inspectors also followed up on the compliance plan from the previous inspection, and statutory notifications submitted to the Chief Inspector since the last inspection in March 2025.

The centre was spread over three floors, with resident accommodation on each floor, divided into units called St Brigid's, St Anne's, St Patrick's and St Kevin's. On entering the centre, there was a reception with a seating area and information on complaints, safeguarding and fire evacuation available for residents and visitors. To the left of the reception area, there was a large chapel, and beside this, there was a cafe and family room for residents to receive visitors in. The cafe was equipped for those using it to make tea or coffee, and biscuits were also supplied with an honesty box, as well as a vending machine for other snacks. The room was clean and nicely presented as a cafe, but lacked a call-bell in the event residents or visitors required to call for assistance. An activities room was beside the family room and cafe, and this was used throughout the day. Residents photos and artwork were on display, and the room gave access to an outdoor seating area. Further along the corridor, there was a 'celebration room' which was decorated with old-style furniture, and was available for residents to use for parties or meetings. To the right of the reception area, there were offices and a pharmacy store, and the corridor led to two residential units. The pharmacy store was kept secure with the door locked, but boxes were seen stored inappropriately on the floor. The kitchen, laundry and staff facilities were located on the lower ground floor. Access to these were restricted by a swipe card mechanism. The laundry was seen to have designated clean and dirty areas.

Each residential unit had its' own dining and living areas, and each had access to secure outdoor areas. An appropriately equipped smoking area was located on St Kevin's unit on the first floor. The communal rooms were all seen to be comfortably furnished. Sitting areas had comfortable couches, and plants, photos and artwork were placed around the centre to give a warm, homely feel. Many residents had personalised their bedroom with their own belongings. The dining rooms had a kitchenette section, with a press to store cleaning solutions. These presses were found unlocked, which posed a risk that residents could access hazardous chemicals. This was brought to the attention of staff on the units who said they would lock the press. The centre had a number of toilets, bathrooms, store rooms, linen rooms, and sluice rooms on each unit. The rooms that were required to be locked were appropriately secured, however, the inspectors saw inappropriate storage in some of these rooms, such as boxes stored on the floor of store and linen rooms, linen skips

in a sluice room, and a bathroom on St Brigid's unit that had a soft toy, clothes, empty packaging and a basin in the bath. These practices were brought to the attention of the person in charge and will be discussed later in the report. Overall, there was a high standard of cleanliness in the centre, and this was commented on by both staff and visitors. There were large windows and glass doors at various points, which made the centre bright, and gave views of the surrounding green areas and river bank. The corridors were wide and free of obstruction, and had handrails so residents could mobilise safely.

On the day of inspection, the inspectors saw breakfast and lunch being served. Residents could choose to dine in their rooms or the dining room. Those who dined in their rooms were seen to have their meal delivered hot. All residents that required assistance were seen to receive it in a calm manner, with staff sitting beside them and interacting with them. The atmosphere during lunch was relaxed and social, with residents chatting with each other and staff. Residents told the inspectors that the choice and quality of food was 'excellent', and they said they could change their mind, or have meals at a different time. Snacks and drinks were offered between meals, and residents said snacks were offered after tea in the evening.

On the morning of the inspection, the residents were seen taking part in a session with a horticulturist before attending Mass. In the afternoon, there was a seated badminton game in the activities room which was seen to be very energetic and competitive. Interactions between residents and staff were friendly and respectful. Visitors spoken with said that they were welcome at any time, with some visitors coming to the centre on a daily basis.

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

Capacity and capability

Maryfield Nursing Home was seen to have a good management structure in place, and the centre overall was well governed, although gaps were seen in the auditing and training systems, and the oversight of the signing of contracts and the management of complaints.

The centre was owned and operated by The Frances Taylor Foundation Chapelizod CLG, who is the registered provider. On the day of inspection, there were management systems in place to monitor and support care given to residents. There was a person in charge who worked full-time in the centre and they were supported by an assistant director of nursing and clinical nurse managers. A member of the senior management team attended the centre regularly and was present on the day of inspection.

The inspectors reviewed a range of audits in the areas of medication, controlled drugs, wound care, care plans and nutrition. It was found that while these audits had associated action plans in place, the gaps in care plan documentation seen by inspectors had not been identified through the care plan audits. Inspectors also saw that some of the actions from the previous compliance plan had not been addressed. These are discussed further under Regulation 23: Governance and management. The 2025 annual review was completed with a corresponding quality improvement plan for 2026. The annual review reflected the centre's performance against the national standards, and showed consultation with residents and their families.

Inspectors reviewed a sample of residents' contracts which clearly outlined the fees to be paid. However, three of the contracts reviewed had not been signed by the provider, and a number of months had elapsed since the contracts were developed. This was brought to the attention of the person in charge who explained that the provider's nominated signatory was on leave. This is discussed further under Regulation 24: Contract for the provision of services.

Inspectors reviewed the training matrix for the centre and saw that training was available to staff which included fire safety, managing behaviours that is challenging, restrictive practice, safeguarding and medication management. Records showed that while there was overall a high compliance with training, training in fire safety and restrictive practice was not up-to-date for a number of staff. This is discussed further under Regulation: 16 Training and staff development.

The centre's complaints policy was reviewed by the inspectors and this clearly set out the process for managing complaints and identified the complaints officer, and the review officer. Both officers had received training in the management of complaints. However, the inspectors saw that complaints were not always managed in line with the policy. This is outlined further under Regulation 34: Complaints procedures.

Regulation 16: Training and staff development

The inspectors found that not all staff were up-to-date with essential training, as evidenced by:

- 40% of nurses were not up to date with training in fire safety.
- 35% of nurses were not up to date with training in restrictive practice.

There were plans in place for relevant staff to attend fire safety training in March 2026.

Judgment: Substantially compliant

Regulation 22: Insurance

A valid contract of insurance against injuries to resident and any additional liabilities was provided.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place did not always ensure that the service was effectively monitored. This was evidenced by:

- Care plan audits had not identified gaps in documentation and review as seen on the day of inspection. For example; information regarding the safeguarding care for one resident was documented in their daily nursing notes and did not have a care plan developed to guide staff in the management of the concerns identified.
- The system in place to ensure appropriate signing of residents' contracts by the provider had not provided for the extended absence of the approved signatory.
- Actions from the previous compliance plan had not been implemented by the provider and remained outstanding:
 - Records of daily walkabout were not available to review, although it was verbally confirmed that these were carried out. However, issues found on the day, such as the requirement for a call-bell facility in the cafe and inappropriate storage, had not been identified on these walkabouts.
 - Gaps in staff training had not been addressed.
 - The oversight of complaints had not ensured that complaints were correctly identified and managed in line with policy.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Five contracts were provided and reviewed by inspectors. All five contracts clearly outlined the fees. However, not all contracts were in line with the regulations. This was evidenced by:

- Three of the contracts had not been signed by the provider.
- Two of the contracts did not correctly identify the room number.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Inspectors found that complaints were not always handled in line with policy as evidenced by:

- One complaint, while resolved, did not have a record of a written response informing the complainant of the outcome.
- Complaints raised by residents or families, while addressed in the residents' care plans, were not managed as part of the complaints process.

Judgment: Substantially compliant

Quality and safety

Residents living in Maryfield Nursing Home were seen to receive a high standard of care from staff who were familiar with, and responsive to, their needs. However, the development of care plans was not seen to be done in line with the regulations and will be discussed under the relevant regulation.

The inspectors reviewed a sample of care plans and saw that one resident with complex medical needs did not have care plans addressing these needs developed until one week after admission. This was discussed with the person in charge, who acknowledged that this had been identified in care plan audits as an area for improvement. A resident who had safeguarding concerns did not have their care plan updated to inform staff in how to manage these concerns. These concerns were documented in the residents' notes, and staff were familiar in how to manage them, but it posed a risk that staff not familiar to the unit would not know how best to care for the resident. These will be discussed under Regulation 5: Assessment and care planning.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans which were personalised with the residents' behaviour, potential triggers, and de-escalation techniques. Measures detailed in the care plans were seen to be implemented in practice, for example, a resident who was on half hourly safety checks was seen to have these completed. Staff spoken with were familiar with the residents concerned, and displayed a good knowledge of managing responsive behaviours.

The inspectors reviewed the care plans of seven residents who had restrictive measures in place. Each resident had been assessed, and a care plan had been developed to direct staff in correct use of the measure. Alternatives were trialled, and the restrictive measures were reviewed regularly. For example, a resident for whom floor mats were deemed to be unsuitable was reviewed, and a bed sensor mat was implemented instead with good effect. Residents, and their families where appropriate, were consulted and consent obtained.

Staff were fully compliant in safeguarding training, and those spoken with displayed a good understanding of how to recognise and report concerns of abuse. They were also familiar with safeguarding concerns on their unit, and told the inspectors of measures in place to safeguard their residents. Residents spoken with said that they felt safe living in the centre. They told inspectors they would feel comfortable approaching staff with concerns, and felt that staff would listen and respond to their concerns.

The centre had a varied schedule of activities for residents, and residents told inspectors that there was always something to do. Two residents spoke of a trip to the Mansion House and an overnight visit to Knock that they really enjoyed, and another resident said that there had been a 'plethora of activities' last year. The visitor of a resident who had physical and cognitive impairment said that each time they came to visit, their loved one was 'out and about, involved in everything'. They said it was lovely to see that staff made an effort to get to know residents and work within their abilities. A resident's love of Bridge had been facilitated by inviting people from the community to join a Bridge club in the centre. Increasing community involvement was an item on the Quality Improvement Plan for 2026 after feedback from residents. Residents were also consulted at regular residents' meetings, and concerns around the change in staff had been raised at these meetings. Activity staff had organised a social evening on each unit for Valentine's Day to encourage team building. Staff taking part teamed up with a resident in an effort to build relationships between staff and residents. A number of residents told inspectors this had been 'great fun' and they were looking forward to the next one planned for Easter. Other residents who said they did not attend the activities by choice told inspectors that there was a choice of quiet places to spend time in. Residents were also seen sitting at reception and chatting to people as they passed. There were newspapers and books readily available, and all the residents' communal rooms had TV's and radios.

The inspectors saw many residents' bedrooms and observed them to be clean and spacious. One resident said her room was 'a great size, with a lovely big bathroom and everything I want in it. I love it, and I love the view'. All the rooms had lockable storage for valuables, and residents said they could change bed linen or hang photos as they wished to make the room their own. The centre had a laundry, and the laundry staff spoken to were knowledgeable about the separation of laundry, and the care of residents' clothes. There was a drying room next to the laundry for residents' woollen and delicate clothes to hang dry so they would not be damaged by a tumble dryer. Residents and visitors said they were happy with the laundry

service, and had no problems with clothes going missing. They said clothes were laundered regularly and kept in good condition.

Each unit had its own clinical room where medication and medication trolleys were stored. All the rooms were locked throughout the day, and locks had been fitted to allow medication trolleys to be secured to the wall when not in use. New air conditioning systems had been installed in each room, and records were available to show that both the rooms and the medication fridges were maintained at appropriate temperatures. The centre had updated its medication policy to detail the procedure to be followed when a resident self-administers their medication. This policy was seen to be correctly implemented in practice. The centre had a good delivery and return system with the pharmacy, with deliveries three times weekly. Staff said that the pharmacy delivered emergency medication outside those days, and evenings and weekends, so there was never a delay obtaining medication. The inspectors looked at the medication administration sheet of residents who required their medication in a crushed format. This was correctly prescribed and documented, and appropriate preparations of medications was provided to the resident.

Regulation 12: Personal possessions

Residents' clothes were laundered regularly and returned to them. Residents had adequate space for their clothes and personal possessions.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was a robust delivery and return system for medication, and a medication policy in place to ensure adherence to best practice guidelines.

The person in charge had ensured that medications were stored securely and administered in accordance with the resident's prescription.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Not all care plans were developed within 48 hours of admission. This was evidenced by one resident with complex medical needs who did not have care plans addressing these needs developed until one week after admission.

A resident with safeguarding concerns did not have a care plan in place to direct staff in how to manage these concerns. This posed a risk that staff unfamiliar with the resident would not take the necessary precautions to safeguard the resident.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff displayed good knowledge and skills to respond to and manage behaviour that challenges. Restraint was used in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that residents had adequate facilities and opportunities to engage in activities, communicate freely and exercise their rights. Residents were consulted about and participated in the organisation of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Maryfield Nursing Home OSV-0000064

Inspection ID: MON-0046601

Date of inspection: 23/02/2026

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The provider acknowledges the findings of the Health Information and Quality Authority in relation to gaps in mandatory training compliance. Since it's only the second month of the year, trainings are being reviewed and bookings were already in place prior to the inspection. An immediate review of the training matrix was undertaken following the inspection to identify all staff with outstanding training requirements in fire safety and restrictive practice. All staff identified as not up to date have been prioritised for training. A comprehensive training plan has been developed to ensure 100% compliance with mandatory training requirements. A revised training matrix is now in place to improve oversight and tracking of training compliance. Systems have been strengthened to ensure timely renewal of mandatory training, including advance notifications to staff and management. Fire safety training has been scheduled for relevant staff and aimed to be completed by 31st May 2026. Additional training will be provided to the newly joined staff. Additional Restrictive practice training has been sourced and scheduled. All clinical staff to be compliant by 30th June 2026. The training matrix will be reviewed on a monthly basis by the Person in Charge and the HR Admin. Training compliance will be a standing agenda item at governance and management meetings. Any gaps identified will be addressed promptly to ensure ongoing compliance. Quarterly audits will be conducted by the Clinical Nurse Managers to ensure sustained adherence to training requirements. A plan to recruit a new administrator who will then oversee the management of staff training records by end of June 2026. Staff will be issued with copies of the mandatory trainings due and the Clinical Nurse Managers will oversee its completion.</p>	

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>Safeguarding care plan has now been in place for this resident to guide staff in the management of the concerns identified. Assessment and Care Plan Audit Tool has been reviewed and updated to cover domains on Safeguarding.</p> <p>In the absence of the Provider, the Person in Charge or her Deputy will be the approved signatory on the contract of care for all new admissions and/or any amendments required on the existing contracts of care.</p> <p>The call bell system was put in place in the Café on 03/03/2026.</p> <p>A daily checklist is now in place which will be completed by the Lead Carers and the night HCAs to use for the daily walkabout to ensure items are correctly kept in appropriate storage units. This will be signed off daily by the Nurse on duty in each household to ensure its compliance.</p> <p>The Clinical Nurse Managers will focus on training records for all staff ensuring relevant trainings are followed up and are up to date as per training matrix record and in the future the newly appointed administrator will take on this role.</p> <p>The Person In Charge is acknowledging the HIQA findings. With immediate effect, the Director of Nursing will have an oversight on all logged complaints and will be working hand in hand with the Complaints Officer to ensure they are managed in line with the policy.</p> <p>]</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>With immediate effect, Contract of Cares are to be reviewed by the Finance Administrator and the Person in Charge to ensure all the details are correct and signed for before issuing to resident and/or their nominated representatives. In the absence of the Provider, the Person in Charge or her Deputy will be the signatory on the contract of care for all new admissions and/or any amendments required on the existing contracts of care.</p> <p>]</p>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Though it was not recorded on the complaints form, A written response to the complainant was emailed on 30/05/2025. The management will ensure written response to any complaints will be recorded on the system going forward.</p> <p>Staff are to read and sign the Complaints Procedure by end of May 2026 to ensure all staff have the full understanding and competence in identifying the types of complaints, its recording, reporting and management. Complaints will continue to be a standing agenda item at Management and Staff Meetings. The Complaints Officer would have the oversight in identifying if concerns raised are to be recorded as complaints and will discuss with the relevant team.</p> <p>A safety pause meeting will commence to discuss issues raised by residents and/or families from time to time for everyone’s awareness.</p>]	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Assessment and care plan audit will be implemented and carried out by the clinical management team within 24-48 hours post admissions to Maryfield to ensure all domains of the residents’ care needs are known and recorded. The Clinical Nurse Managers will review to ensure adequate recordings. Any gaps identified will be communicated with the nurses on duty and recorded accordingly.</p> <p>All new recruited nurses will be completing Assessment and Care Plan training within 3 months of their employment.</p>]	

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	30/06/2026
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	31/05/2026
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the	Substantially Compliant	Yellow	30/04/2026

	number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	31/05/2026
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.	Substantially Compliant	Yellow	31/05/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Substantially Compliant	Yellow	31/05/2026

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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