



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

Issued by the Chief Inspector

Name of designated centre:	Plunkett Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Elphin Street, Boyle, Roscommon
Type of inspection:	Unannounced
Date of inspection:	09 October 2025
Centre ID:	OSV-0000653
Fieldwork ID:	MON-0046447

About the designated centre

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

The Plunkett Community Nursing Unit is a purpose-built facility that has been operating since 1972. It can accommodate 33 residents who require long-term residential care and two residents who require short-term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. In the statement of purpose, the provider states that the aim of the service is to provide residents with the highest possible standard of care delivered with respect, dignity and respecting the right to privacy in a friendly, homely environment to enhance their quality of life. The centre is a single-story building and is located in the town of Boyle, Co. Roscommon. It is close to the shops and the railway station. Bedroom accommodation consists of 15 single rooms and nine double rooms. Communal space includes a large sitting room, a dining area, an oratory and a visitor's room. The centre has two secure garden areas that are available for resident use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
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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
Thursday 9 October 2025	09:40hrs to 17:30hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

Overall, the inspector found that staff promoted a person-centred approach to care, and actively engaged with residents to promote individualised care which supported residents' independence and autonomy. The inspector met and spoke with several residents during the course of the inspection. Residents spoken with gave positive feedback about staff, their kindness, and consideration, and this was observed throughout the day of the inspection. One resident told the inspector " I am very happy here, staff are wonderful" while another resident told the inspector " there is good support here, when you need it".

Notwithstanding the positive feedback, the inspector found that there were actions required to ensure the service provided met the assessed needs of the residents. These areas are discussed in more detail under the relevant regulations, and under the themes of Quality and Safety, and Capacity and Capability.

This was an unannounced inspection carried out to review compliance with the regulations, and to follow up on actions the registered provider had agreed to take, as part of their compliance plan, which was submitted following the previous inspections in October 2024. Upon arrival, the inspector completed the sign-in process, and proceeded to meet with the clinical nurse manager, and later with the person in charge to discuss the format of the inspection. Following the introductory meeting, the inspector commenced a walk about of the designated centre where they had the opportunity to meet residents and staff as they began preparations for the day. There were 31 residents living in the centre on the day of the inspection.

On arrival, the inspector observed there was a welcoming atmosphere, the centre was clean, warm and bright. The design and layout of the designated centre promoted free movement around the centre and well-designed, colourful signage directed residents to key communal areas of the centre. The centre was well-laid out and had large communal areas located near the reception area with sufficient comfortable seating arrangements to support residents to spend time together. Residents were observed relaxing or socialising with each other in these areas throughout the day. The centre also had access to two generous, and well-maintained courtyard garden areas. The provider had upgraded access to these areas since the last inspection, which meant that residents had independent access to these areas.

Residents' bedroom accommodation was provided in spacious rooms that were nicely decorated. Each resident had a lockable space for their personal belongings. All twin rooms reviewed by the inspector found that the provider had installed adequate privacy screens between the two bed spaces, which promoted the privacy and dignity of both residents sharing these rooms.

The inspector observed that residents were supported to have a good quality of life in this homely centre. Residents were supported to make choices about their daily

routine, such as when they would get up, and go to bed, choice of meals, what activities they took part in, and where they spent their day. There was a good choice of activities made available to residents. Residents were provided with support from nursing, and care staff in a kind and dignified manner. Residents spoken with over the course of the day were complimentary about the care and services provided, and content with their lives in the designated centre.

The inspectors observed a number of staff and resident interactions during the inspection. Residents were seen to be relaxed and comfortable in the company of staff. Staff were observed assisting residents with their care needs, providing this support in a gentle manner. A resident who 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) was cared for in a dignified manner. It was clear that staff were confident and competent in managing situations that had the potential to present risk to themselves or other residents.

Residents were complimentary about the quality, and quantity of food served in the centre, and those spoken with confirmed that they were always offered alternatives should they not like what was on the menu. There was effective communication in place between clinical, and the catering staff regarding residents' nutritional requirements. The inspector attended a meal service, and observed there were adequate numbers of staff available to support residents during mealtimes. Some residents who required support with their eating, and drinking were seen to be assisted discreetly by the staff team. There was a range of snacks and drinks made available to residents outside of regular mealtimes.

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

Capacity and capability

This inspection found that the designated centre was well-managed for the benefit of the residents who lived there. For the most part, there were systems in place to ensure that care and services were safe and were provided in line with the designated centre's statement of purpose. This helped to ensure that residents were able to enjoy a good quality of life in which their preferences for care and support were promoted and respected. There were; however, some areas of practice where existing oversight systems had not identified all areas that required improvement, these findings are described in more detail under Regulation 23: Governance and Management and Regulation 19: Directory of residents.

This was an unannounced inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). During the

centre's previous inspection in October 2024, a number of areas that required improvement had been identified. The inspector found that the provider had addressed all of the issues brought to their attention on that inspection. The findings of this inspection confirmed that the provider had ensured that grab rails were installed in all corridors. Privacy screens had been accessed and installed to preserve the privacy and dignity of residents who resided in shared living spaces. In addition, residents' private information was securely stored to maintain their confidentiality.

The registered provider for this designated centre is the Health Service Executive (HSE). There is a clearly defined management structure in place that identified the lines of authority and accountability. The management team consists of a general manager, a manager for older persons services, and the person in charge. The person in charge is supported in their day-to-day role by a clinical nurse manager, a team of staff nurses, a part-time physiotherapist, health care assistants, catering, laundry, and maintenance staff. The household cleaning service is outsourced to a private provider.

While there were management systems in place to oversee the service, and the quality of care provided, some of these systems were not sufficiently robust in order to ensure that all deficits in the service were identified, and addressed. A review of care plan audits found that they were not effective in identifying key issues found on inspection. This is discussed in more detail under Regulation 5: Individualised assessment and care planning, and under the theme of Quality and Safety.

On the whole, there were good oversight records monitoring the care provided. Records were generally updated as required with accurate information. However, the provider had not ensured that the directory of residents was maintained, and updated with all of the information as required by Schedule 3. This meant that there may be delays in accessing relevant information about residents.

There were regular meetings held at the local and provider levels to review and monitor the quality of care provided to the residents. Meeting records were well-maintained, covering key areas of the service such as complaints, clinical information, health and safety, risk and maintenance. The provider was keen to ensure that where identified improvements were implemented to improve the quality of care to the residents. There was an annual review of quality and care for 2024, which incorporated feedback from residents. This document also outlined some quality improvements for 2025, which the provider was working through.

The registered provider maintained sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents. Observations of staff, and residents' interactions confirmed that staff were aware of residents' needs, and were able to respond in an effective manner to meet those assessed needs. A review of the centre's rosters confirmed that staff numbers were in line with the staff structure as outlined in the designated centre's statement of purpose. In instances where gaps appeared on the roster, they were filled by existing team members or by agency staff who were well-known to the centre.

A review of staff training documentation confirmed that all staff working in the designated centre were up-to-date with their mandatory training. This included training in fire safety, which was provided on an annual basis, while training in manual handling and safeguarding was provided in accordance with the designated centre's policies. There was a range of supplementary training available for staff to attend, such as wound management, medication management, dementia, end-of-life care, infection prevention and control, dysphasia, and cardio-pulmonary resuscitation (CPR).

The provider maintained a policy and procedure on complaints. Records confirmed that the provider investigated complaints in line with this policy. Three complaints were recorded since the last inspection, and all were seen to be resolved within the specified timescale as outlined in the complaints policy. The provider was keen to learn from complaints, and to identify patterns that may impact on the quality of the service provided. A review of records confirmed that the provider had received eight compliments from family members regarding the quality of care provided to their relatives living in the centre.

Regulation 15: Staffing

There were sufficient numbers of staff with appropriate knowledge and skills available to provide care and support for residents on the day of the inspection. There were no call-bells activated during this inspection, with most residents up, and about and engaging in their daily routines, and participating in the activities provided. Residents who did require support were attended to by staff without delay.

Residents were provided with a range of activities and entertainment throughout the day, with staff allocated to spend time with those residents, who either through choice or health needs, stayed in their bedrooms. There were maintenance staff available each day, and on call arrangements were in place when not in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed staff training documentation, which confirmed that all staff working in the designated centre were up-to-date with their mandatory training. This included training in fire safety which was provided on an annual basis, while training in manual handling and safeguarding was provided every three years. There was a range of supplementary training available for staff to attend, such as infection prevention and control, nutrition, and hydration, and therapeutic interventions in dementia.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider did not maintain a directory of residents to include all of the information required under schedule 3 of the regulations. In particular, there were gaps found in the completion of records identifying residents sex, marital status, and the location to which some residents had been discharged.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided; however, some actions were required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- The oversight of assessments and care planning practices did not identify gaps in the transfer of information from assessments to the care plans. These findings are discussed further under Regulation 5: Individual assessment, and care plan.
- Current oversight systems did not identify that Schedule 6 records were not being adequately maintained and updated as required.
- The oversight of the cleaning of mobility and transfer equipment did not provide assurances that this equipment was cleaned in between resident use.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an accessible complaints policy and procedure in place to facilitate residents, and or their family members to lodge a complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint.

This policy also identified details of the complaints officer, timescales for a complaint to be investigated, and details on the appeal process should the complainant be unhappy with the investigation conclusion. A review of the complaint's log indicated

that the provider had managed complaints in line with the centre's complaints policy.

Judgment: Compliant

Quality and safety

Overall, residents received a high standard of nursing and medical care to meet their assessed needs. There was evidence that residents were in receipt of positive health and social care outcomes, and that their care and welfare needs were being met by the registered provider. Regular consultation between the provider and residents was in place, and ensured that residents' voices were being listened to in order to develop services.

There was a commitment to deliver person-centred care with residents supported to maintain their independence and autonomy. Findings on this inspection confirmed that the provider had implemented a number of measures to improve the quality of the services provided, such as the installation of grab rails along all corridors, securing resident confidential information, ensuring that residents could entertain their visitors wherever they wished, and through the introduction of appropriate privacy screens in shared bedrooms. There were, however, some areas of practice that required additional focus to ensure full compliance with the regulations. The relevant findings are discussed under the relevant regulations relating to care planning and infection control.

Overall, residents' care plans were person-centred, implemented, evaluated, and regularly reviewed. They reflected the residents' changing needs, and for the most part outlined the supports required to maximise the quality of their lives in accordance with their wishes. There were some areas of care planning that required more focus to ensure they addressed the assessed needs of the residents. The provider operated a paper-based system to identify and monitor the delivery of care to the residents. This system did not fully support the care planning process for residents with complex needs due to the physical limitations of the care folder, which meant there were a number of supplementary records needed to fully identify all of the care interventions provided. This increased the risk that some care interventions may not be well-known or overlooked by the care team and may not be updated when necessary.

Residents had access to a range of health care services, which included a general practitioner (GP) service. There were arrangements in place for residents to access allied health care services such as dietitians, speech and language therapists, and tissue viability nursing (TVN) to provide support with wound care if required. The provider was engaging with the tissue viability nursing provider to ensure that where necessary, residents were reviewed on-site as opposed to remote review. There was in-house physiotherapy support available for residents three days a week. The

provider informed the inspector that there was no access to occupational therapy in the local community, and as a result, the provider accessed a private resource to provide this support to the residents with the residents or their representatives' permission.

Staff, and resident interactions that were observed by the inspector throughout the day, and were found to be supportive and positive. The provider maintained good levels of communication with residents on a day-to-day basis, ensuring that they were kept up-to-date regarding key events in the home. There were regular resident meetings where residents had the opportunity to raise issues regarding any aspect of the care provided. There was good use of notice boards, which provided information on activities, outings, and information about the local community. There was a schedule of social activities on display, and the inspector observed residents taking part in an exercise program, a quiz, and bingo during the day. Residents were supported to access the local community, and the provider had recently acquired their own transport. There was a strong focus on assisting residents maintain links with the local community, many residents attended recent trips to Knock Shrine, Museum of country life, Lough Key forest park, and local festivals. Residents said there was always something to do. Some residents preferred to follow their own routines, and were offered one-to-one support where required.

The design and layout of the premises provided residents with sufficient personal, and communal space to be able to enjoy their lived environment. The centre was well-maintained, and at the time of this inspection, the centre was undergoing painting and decoration following the replacement of lighting in the designated centre. There were flowers and paintings positioned along corridors which gave the centre a homely feel. Communal rooms were tastefully decorated, and were set out to promote social engagement. There were two secure garden areas where residents could enjoy outside space. These areas were well-maintained, and contained suitable garden furniture available for residents to use.

Residents were offered a variety of food options, snacks, and refreshments in the communal rooms, and also offered to residents who chose to remain in their bedrooms. The inspector observed a residents' meal service, and found it was well-managed so that residents could enjoy their dining experience. The food provided on the day was well-presented, and served promptly to residents. Residents who required assistance during their meals were supported in a respectful, and unhurried manner. Options available for residents on the day consisted of beef stew or a roast pork meal; however, there were additional options available should residents require an alternative meal.

The provider had ensured that there were infection prevention, and control measures in place to maintain an infection-free environment. Some of these measures were not fully implemented on the day of the inspection, and are discussed in more detail under Regulation 27: Infection control. However, there was good knowledge among the staff team regarding the maintenance, and promotion of an infection-free environment. All staff spoken with during the inspection confirmed their attendance at infection control training.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. The inspectors saw that residents could receive visitors in their preferred location, which was respected by the staff team. There were visiting facilities available in the centre that included a dedicated visiting lounge, and visitors' toilet facilities.

Judgment: Compliant

Regulation 12: Personal possessions

All resident accommodation contained sufficient storage space in order for residents to be able to store and retrieve their personal belongings. A lockable facility is provided in all bedrooms so that residents can secure their personal items. There was a well-organised laundry service on-site which catered for residents' laundry requirements.

Judgment: Compliant

Regulation 17: Premises

The centre was clean, bright, and tastefully decorated. The provider was found to have installed handrails in all areas of the centre to assist residents with their mobility. There were a number of ongoing building improvement projects underway at the time of this inspection. Lighting throughout the centre had been replaced, and contractors had been commissioned to paint, and redecorate the centre. The providers' competent person was on site on the day, and was finishing off works to ensure all fire doors operated effectively. The centre's garden facilities were well-maintained, and were both accessible, and suitable for the residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to a range of nutritious meals from a seasonal menu. Food was freshly cooked on the premises, and was served from the main kitchen. Snacks, and drinks were served throughout the day. There were sufficient numbers of staff

available to ensure that residents were able to enjoy their meals. Residents had access to a safe supply of fresh drinking water at all times.

Residents who had specific nutritional needs had a care plan in place to direct staff on safe and appropriate care. For example, residents who needed textured diets had clear care plans in place, and these were communicated to care staff and to the catering team.

Judgment: Compliant

Regulation 27: Infection control

The registered provider did not fully ensure that procedures, consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority were implemented by staff. For example:

- While there was a system in place to clean, and label mobility and transfer equipment following resident use, this system was not fully implemented on the day of the inspection. A selection of wheelchairs used to transport residents were found to be unclean, while there were no records of labels available to confirm that transfer equipment had been cleaned in between resident use.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care records, and found that although residents had a comprehensive assessment of their needs, there were some care plans that did not address all of the identified needs. For example,

- A care plan for a resident who presented with a risk wandering was not updated to reflect the current interventions in place to maintain their safety.
- A care plan developed for a resident with nutritional needs did not fully address the assessed needs of the resident, and meant that there were insufficient interventions in place to meet those needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to their general practitioner (GP), and specialist medical health services including psychiatric support as required. There was access to specialist services such as speech, and language therapy, dietitian, and tissue viability nursing (TVN) although this service was provided remotely. The provider was working towards ensuring that residents had access to this service on site. Physiotherapy services were provided in-house three days a week. The provider confirmed that there were delays in accessing occupational therapy services from the community, which required the provider to purchase this service independently; however, residents were not charged for this service.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were experienced, and knowledgeable in the management of residents who presented with responsive behaviours. On the day the inspector observed interactions between staff, and residents, and found that staff were able to use de-escalation, and distraction techniques to effectively manage situations with residents who had a history of responsive behaviours.

Staff were respectful, and empathetic to these residents, and provided reassurance to reduce the responsive behaviours being expressed by these residents.

Judgment: Compliant

Regulation 9: Residents' rights

There were arrangements in place for residents to pursue their interests on an individual basis or to participate in group activities in accordance with their interests and capacities. There was a schedule of activities in place, which was available for residents to attend seven days a week. Residents also had good access to a range of media, which included newspapers, television, and radios.

Resident meetings were held on a regular basis, and meeting records confirmed that there was on-going consultation between the staff, and residents regarding the quality of the service provided.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Plunkett Community Nursing Unit OSV-0000653

Inspection ID: MON-0046447

Date of inspection: 09/10/2025

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents:	
A full review and audit of the Directory of residents has been completed. All missing data field have been updated in line with regulatory requirements.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	
A full review and audit of the Directory of residents has been completed. All missing data fields have been updated in line with regulatory requirements. Monthly audit of the directory of residents by Person-in-charge for the next three months. Following this period the process will be reviewed to ensure ongoing compliance.	
"I am clean" stickers with date and time have been introduced on all transfer equipment to indicate when cleaning has completed. CNM2 /IPC link practitioner conducts a visual audit on wheel chairs and other mobility aids weekly to ensure that cleaning procedures are consistently followed and documented.	
All nursing staff have been instructed to complete care plans according to the specific needs of each resident. CNM2 and the person-in-charge conduct regular audits of care plans, and the frequency of these audits has been increased to every 2 months to ensure ongoing compliance.	

Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control:	
	<p>"I am clean "stickers with date and time have been introduced on all transfer equipment to indicate when cleaning has been completed.CNM2 /IPC link practitioner conducts a visual audit on wheelchairs and other mobility aids weekly to ensure that cleaning procedures are consistently followed and documented.</p>
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:	
	<p>All nursing staff have been instructed to complete care plans according to the specific needs of each resident.CNM2 and the Director of Nursing conduct regular audits of care plans, and the frequency of these audits has been increased to every 2 months to ensure ongoing compliance and to promptly identify any gaps.</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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	13/10/2025
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	22/10/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	13/10/2025

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).	Substantially Compliant	Yellow	21/10/2025
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