



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

Issued by the Chief Inspector

Name of designated centre:	Mill Lane Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Sallins Road, Naas, Kildare
Type of inspection:	Unannounced
Date of inspection:	16 July 2025
Centre ID:	OSV-0000066
Fieldwork ID:	MON-0042948

About the designated centre

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

Mill Lane Manor Private Nursing Home is a designated centre providing health and social care to men and women over the age of 18 years. Care is provided in purpose-built, two-storey premises located in a residential area in Naas Co. Kildare. The building consists of 52 single-occupancy bedrooms and nine twin-occupancy rooms. All bedrooms have full en-suite facilities. A passenger lift is available between the ground and the first floor. Communal areas include two lounges and an oratory, and there is a designated hairdressing salon. There are two internal courtyards along with grounds to the front of the building. Parking is available at the front, side and rear of the centre. The centre provides a service to individuals with a range of needs, including long-term care, short-term care, acquired brain injury and dementia. A short-term respite and convalescence service also operate in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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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
Wednesday 16 July 2025	07:30hrs to 17:00hrs	Aislinn Kenny	Lead
Wednesday 16 July 2025	07:30hrs to 17:00hrs	Celine Neary	Support

What residents told us and what inspectors observed

The inspectors spoke with 15 residents and three visitors and spent time observing residents' routines and care practices in the centre in order to gain insight into the experience of those living there. Residents appeared relaxed throughout the day and most residents spoken with were content with the care they received in Mill Lane Manor. For example, residents told inspectors they were well looked after and that staff were kind and gentle when assisting them and visitors spoken with reported that they were happy with the care provided in the centre.

Inspectors arrived early in the morning to the centre; inspectors met with and observed night staff in the centre during their early morning routine. On arrival to the centre two residents were sitting in the seating areas near the reception. The residents confirmed it was their choice to be up and about early and appeared content. Inspectors observed a large amount of folders containing residents' information was left unsecured on a table in the reception seating area, this included personal information and care notes. These were removed by staff shortly after however, night staff confirmed it was regular practice to review notes in this area during their shift.

The atmosphere in the centre was calm and quiet. The inspectors walked around the centre and observed that most residents were asleep in their bedrooms. Inspectors observed that the handover (a process of sharing relevant information about the residents from the night staff to the day staff) took place in the reception foyer seating area. This did not support the privacy and dignity of all residents or support a confidential handover of residents' personal information and care. The inspectors observed that there were four residents sitting in the reception foyer seating area during the handover report. Furthermore, there were non-clinical staff in the area attending to their cleaning duties which further impacted on the confidentiality of the information being shared.

Inspectors spent time in communal areas and walked around the centre at various times throughout the day of the inspection to observe and listen to interactions taking place. The inspectors observed that call-bells were answered and responded to in a timely manner. Staff were allocated to care and support for a number of residents and were seen assisting them with their breakfast and personal care. Inspectors observed several residents attending the dining room throughout the morning to have their breakfast and others were facilitated to have breakfast in their bedrooms as per their preference.

Staff spoken with on the morning rounds were knowledgeable of each resident's care needs and preferences and staff were observed carrying out their work in a patient and unhurried manner. The inspectors saw there was a visible presence of staff throughout the morning. Staff were appropriately supervised by the clinical nurse manager (CNM), staff nurses and a senior healthcare assistant. They were observed working well together and communicating with each other effectively to

meet residents' care needs.

The centre was well laid out, spacious and clean throughout. It was warm and odour free. Some areas of the carpet were visibly stained and were in need of repair or replacement. Access to courtyard gardens was unrestricted and inspectors observed residents in these gardens throughout the day. Residents accommodated upstairs on the first floor came downstairs to use the communal areas or could remain in their bedrooms if they wished to do so.

The inspectors observed that lunchtime in the main dining room beside the kitchen was social and well organised. Staff were present to support and assist residents during their meals. There was choice available at mealtimes and residents could choose what they had for their lunch. The chef and staff were knowledgeable regarding each resident's preferred and required dietary needs, such as modified or diabetic diets. The food served looked nutritious and wholesome and residents spoken with were complimentary of the food. A variety of drinks were seen to be offered at mealtimes. However, not all residents were offered the same dining experience and inspectors observed five residents eating their lunch in the foyer reception area and a further ten residents in the Hub day room. These residents did not get to experience the same social dining experience as other residents. Furthermore, although assistance was provided during mealtimes, inspectors observed that several staff were changing repeatedly while providing assistance to the same resident which was not appropriate as it disrupted the meal experience for the residents.

The centre was adequately resourced and the inspectors observed an adequate supply of continence wear, healthcare equipment and personal care wipes and linen which was laundered in-house on a daily basis.

Residents told the inspectors that they attended yoga and zumba classes in the centre, and that they also enjoyed the bingo and music sessions on offer. Residents said that they were offered outings weekly and could attend if they wanted to. They also told the inspector that they had monthly residents meetings with their activity coordinator to plan and discuss the services provided. An initiative regarding residents' views known as "You say, we did" was on display and included discussions and actions regarding fire safety, catering, activities and a request by residents for a computer in the reception foyer area for residents' had not been acted on over the past few months.

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 impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the registered provider of Mill Lane Manor was working towards regulatory compliance. However, there were some areas that required further attention such as governance and management and oversight of records as outlined further in the report and under their respective regulations.

This was an unannounced risk inspection carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulation 2013 to 2025. The registered provider of Mill Lane Manor is The Brindley Manor Federation of Nursing Homes Limited. Although this was not one of the centres that featured in the RTE Investigates programme that aired in June 2025, this centre is part of the Emeis Ireland nursing homes group.

The local management team on-site included the person in charge, two assistant directors of nursing (ADON's), one of which was being covered by a clinical nurse manager on an interim basis and three clinical nurse managers who were responsible for the daily operations in the centre. The management team were supported in their roles by staff nurses, healthcare assistants, activity personnel, admin, catering, housekeeping, maintenance and physiotherapy staff. At a senior governance level the person in charge was also supported by a regional director as well as support structures within the Emeis group such as human resources, quality and compliance and facilities manager to name a few.

The inspectors found that while there were governance and management systems in place to ensure oversight of the operation of the centre, some of these required strengthening. Since the previous inspection in March 2025, there had been a change of person in charge. The new person in charge was present on the day of the inspection and was found to be knowledgeable of their regulatory responsibilities.

On the day of the inspection there were adequate staffing levels for the size and layout of the centre and to meet the assessed needs of residents. Residents were assisted in a timely manner by staff working on the day. Staff were knowledgeable about residents' needs and interacted with residents in a kind and courteous manner.

There were arrangements in place for the ongoing supervision of staff through formal induction and performance review processes. Inductions were documented for both newly recruited staff and agency staff members. From a review of agency staff induction records, inspectors found there were some gaps in the records in relation to staff practicing using residents equipment.

The registered provider held both electronic and paper records for residents and staff and these were provided to inspectors when requested. Inspectors found that records relating to residents' care were unsecured in the reception area when they arrived to the centre, and this practice required review.

The provider had implemented management systems to monitor the quality of care received by residents. There was a schedule of audits in place in the centre. The audits included reviews of care planning, infection prevention and control (IPC) and

fire safety management. Based on a trending of incidents and notifications the inspectors found that there were a high incidence of falls. While the provider was aware of this the improvement initiatives or interventions were not sufficiently detailed as discussed further under Regulation 23: Governance and Management.

Staff were facilitated and encouraged to attend both mandatory and other professional training offered in order to meet the needs of residents. Most staff had up-to-date training in areas such as fire safety, manual handling, infection control and safeguarding and where there were gaps identified, there was a system in place to address this. An accessible and effective complaints procedure was in place and this was on display in the centre. Residents' complaints and concerns were listened to and acted upon in a timely manner. The registered provider had an up-to-date complaints policy in place. There were two open complaints at the time of the inspection which were being investigated.

Notifiable incidents were submitted to the Chief Inspector in line with regulatory requirements and an incident and accident log was maintained in the centre.

Regulation 14: Persons in charge

The person in charge was a registered nurse who worked full-time in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection there was adequate staff available to meet the needs of the current residents, taking into consideration the size and layout of the building. There were satisfactory levels of health care staff on duty to support nursing staff. The staffing compliment included cleaning, catering, activities and administration staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role, and staff demonstrated an appropriate awareness of their training and their role and responsibility in

recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 21: Records

- Some Schedule 3 records relating to residents' care were not kept in a secure manner and were observed unsecured in the reception area of the centre on the morning of the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in the centre required improvement to ensure the service provided was safe, appropriate, consistent, and effectively monitored, as evidenced by the findings below:

- The analysis and action planning to reduce the occurrence of falls experienced by residents in this centre required significant improvement. Data on the number of falls and injuries sustained, collected monthly, showed that there had been a total of 93 falls in the last six months. However, there was little evidence of action plans or increased supervision of residents put in place to minimise or reduce the risks or incidence of falls.
- Upholding residents' rights required a greater focus by the management of the centre as outlined further under Regulation 9: Residents' rights.
- While staff were using transfer documents when transferring residents to hospital there were gaps in the information provided as outlined in Regulation 25: Temporary absence or discharge of residents, and further oversight from management was required to ensure all information relating to residents was captured.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

From a sample reviewed, the person in charge submitted notifiable incidents to the

Chief Inspector, within the required time frames, as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

Quality and safety

Overall, residents appeared happy living in the centre, and many spoken with said they were satisfied with the care they received. However, some actions were required to ensure that the service provided in the centre was safe and of a high standard, specifically in respect of residents' rights, the management of personal possessions and premises, as detailed further in the report.

Residents enjoyed unrestricted access to the internal courtyard gardens. These were nicely maintained with interesting shrubs and ornaments and contained sufficient amounts of seating for residents and visitors to enjoy. An outdoor smoking area which was sheltered, was also available, if required.

The spacious layout of the premises promoted a good quality of life for residents. The premises was mostly well-maintained and was decorated tastefully with appropriate furniture. Residents personalised their bedrooms with belongings such as furniture, photographs, cushions and blankets. However, residents' personal storage required review as outlined under Regulation 12: Personal Possessions.

The provider ensured that residents had timely access to their general practitioners (GPs) of choice and were supported in the centre by appropriate referral to health and social care professionals such as a physiotherapy and occupational therapy (OT).

The food, drinks and snacks provided were nutritious and readily available to residents. Additional portions were offered, and staff were available to assist and provide support for residents at mealtimes. Residents had a choice at mealtimes and were consulted regarding their likes and dislikes. Modified diets were available, and staff were aware of each resident's individual nutritional needs. Residents' weights were recorded regularly, and where there was a risk of malnutrition identified, they were appropriately referred to a dietitian.

The inspectors found that the medication systems within the centre for ordering, storage, and disposal of medicines were in line with best practice. Medications were administered safely and as prescribed. The medicine administration system in the centre used digital technology to document the administration of medication. The nursing team described how this system was managed in partnership with the local pharmacy.

Residents' meetings were held monthly, and relevant issues, such as food and activities, were discussed. Records indicated that issues raised at these meetings were for the most part addressed however, one action was outstanding for a number of months as outlined under Regulation 9: Resident's rights. Observations carried out over the day of inspection, confirmed that staff communicated with residents in a respectful and courteous manner. Staff were observed to knock on residents' doors prior to entry and to explain the purpose of their visit.

Inspectors found that residents were adequately protected from abuse. The provider had implemented comprehensive safeguarding measures including policies and procedures and staff education in the safeguarding of vulnerable adults.

Regulation 12: Personal possessions

Storage in residents bedrooms required review to ensure they had adequate space to store and maintain personal possessions. Inspectors saw numerous examples where boxes containing personal belongings were being stored on residents' bedroom floors and on top of wardrobes.

Judgment: Substantially compliant

Regulation 17: Premises

Some further action was required to ensure the premises conformed to all of the matters set out in Schedule 6. For example:

- Floor coverings in the centre required attention for example; Carpets in several areas such as the stairs and first floor corridors were in need of repair or replacement as they were visibly worn and stained. This was a repeat finding from a previous inspection in September 2024.
- More proactive maintenance was required to some areas of the centre as wear and tear was observed on some doors, door frames and some corridor

walls.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The provider had made arrangements to meet the dietary needs of residents in the centre. The residents were offered a choice at mealtime and were provided with adequate quantities of food and drinks. The inspector found that there were sufficient numbers of staff available to ensure that residents who required assistance with their food and drink were in receipt of timely support. Staff were knowledgeable regarding each residents special dietary needs such as modified or diabetic diets. The food provided was varied, tasty and looked nutritious. Residents' preferences for certain meals had been discussed at their resident meetings and had been considered and accommodated by the chef.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Where residents were temporarily absent from the designated centre, most relevant information about the residents' was provided to the receiving designated centre or hospital. However, the importance of including other information, such as wound care and skin integrity when transferring residents required improvement and was discussed with senior nursing staff on the day.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medication management procedures and practices, that were in line with professional guidance and standards. Residents' medicine prescriptions were signed by their general practitioners and residents' medicines were administered by nursing staff as prescribed. Route of administration was clearly prescribed and followed accordingly.

Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily. Medicines requiring temperature controlled storage were stored in a refrigerator and the temperature was checked daily.

All multi-dose medicines were dated on opening to ensure recommended use

periods were not exceeded. Procedures were in place for recording and return of unused or out-of-date medicines to the dispensing pharmacy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were detailed and resident's preferences and choices were documented. Care plans were regularly reviewed and updated following assessments and recommendations by allied health professionals. A review of eight care plans found that details were reflective of residents' needs and included safeguarding or behavioural care plans as required. Where required, residents with wounds had treatment provided in line with the TVN recommendations. Residents' care plans were updated following falls and included referrals and information following review by physiotherapy.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to general practitioners and they were facilitated to access other relevant health professionals.

Judgment: Compliant

Regulation 8: Protection

The provider had taken all reasonable measures to protect residents from abuse. The provider had ensured that staff were facilitated to attend training in relation to the detection and prevention of and responses to abuse. Staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre. Residents confirmed to the inspector that they felt safe in the centre.

The inspector reviewed allegations of abuse that were submitted to the Chief Inspectors Office and was satisfied that they had been fully investigated, safeguarding care plans were put in place and where necessary were referred to the national safeguarding team. The provider fully investigated any such allegations in line with their policies and procedures.

Judgment: Compliant

Regulation 9: Residents' rights

- The registered provider had not ensured that all residents could exercise choice in attending the dining room for mealtimes. This was observed by inspectors at lunchtime where residents were served their meals in the reception foyer area and the Hub day room. In addition, the inspectors observed staff that were assisting residents with eating and drinking during lunch and these residents were often interrupted by staff changing not ensuring continuity for the residents and did not provide a dignified meal time service for residents.
- The confidentiality of residents personal and clinical information was not maintained as residents' details were openly discussed in the foyer reception area in front of other residents during the handover process.
- Residents had requested the installation and use of a personal computer in their communal area to access media and internet information. This had not been actioned despite discussion with residents at their monthly meeting for a number of months.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Mill Lane Manor Private Nursing Home OSV-0000066

Inspection ID: MON-0042948

Date of inspection: 16/07/2025

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: These records are now stored securely in an area within the centre, ensuring both accessibility for authorised personnel and compliance with confidentiality and data protection requirements- complete</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>An analysis was conducted on the current falls and incident review process within the centre in July 2025. Following this review, monthly trend analysis has been strengthened to identify root cause and appropriate actions or increased supervision to reduce risk of falls for residents.</p> <p>From 1st August 2025, progress and outcomes, including implementation of actions will be monitored monthly by the Director of Nursing, with oversight provided by the Regional Director (RD) at the monthly Clinical Governance Meeting.</p> <p>By 1st September 2025, a toolbox talk will be conducted with all nursing staff to reinforce the importance of thoroughly completing the National Transfer Document at the time of transfer. Emphasis will be placed on the need to provide detailed, up-to-date information on skin integrity and wounds, enabling the receiving facility to continue appropriate care without delay.</p>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>A comprehensive review of storage facilities and storage systems within residents' bedrooms was conducted on 15th August 2025, in consultation with each resident and/or their nominated representative. The purpose of this review was to ensure that residents have adequate, secure, and accessible space to store and maintain their personal possessions, supporting comfort, dignity, and individual choice.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A planned preventative maintenance programme is in place for Quarter 4 of 2025 and Quarter 1 of 2026. The programme covers the phased replacement of flooring in identified areas and will also address general wear and tear in a timely manner.</p> <p>The quarterly fire door audit was underway by the maintenance team as scheduled during the inspection period. This audit includes an assessment of wear and tear on doors and door frames and the actions to address the findings will be completed by 31st December 2025.</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>The National Transfer Document was reviewed, with particular focus on the sections addressing skin integrity and wound care.</p> <p>By 1st September 2025, a toolbox talk will be conducted with all nursing staff to reinforce the importance of thoroughly completing this section at the time of transfer. Emphasis will be placed on the need to provide detailed, up-to-date information on skin integrity and wounds, enabling the receiving facility to continue appropriate care without delay.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A review was conducted with all residents during July and August 2025, to establish their individual preferences regarding dining location. In line with person-centred care principles, residents are supported to exercise choice in attending the main dining room or an alternative location for mealtimes. These preferences are documented within each resident's personalised care plan to ensure they are respected and consistently upheld by staff- complete and ongoing</p> <p>A review was undertaken during July and August 2025 to assess the mealtime experience and ensure that residents are provided with a dignified, person-centred dining service. Staff assisting residents will maintain this through the implementation of protected mealtimes and consistent staff allocation. Management will monitor compliance with these practices on a daily basis to ensure ongoing quality and resident satisfaction.</p> <p>A review was conducted during July and August 2025 regarding the location where staff handovers were taking place. The handover process has been relocated to a designated area that ensures privacy and compliance with confidentiality requirements. Complete.</p> <p>In order to meet resident requests for access to a computer, the home has engaged with the HI Digital programme and will be supporting interested residents to access training and devices. The programme will commence by 31st December 2025.</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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/08/2025
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.	Substantially Compliant	Yellow	31/03/2026
Regulation 21(6)	Records specified in paragraph (1) shall be kept in	Substantially Compliant	Yellow	31/08/2025

	such manner as to be safe and accessible.			
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2025
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	30/09/2025
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident is facilitated to communicate freely and in particular have access to radio, television, newspapers,	Substantially Compliant	Yellow	31/12/2025

	internet and other media.			
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.	Substantially Compliant	Yellow	30/09/2025
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.	Substantially Compliant	Yellow	30/09/2025