



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

Issued by the Chief Inspector

Name of designated centre:	Unit 1 St Stephen's Hospital
Name of provider:	Health Service Executive
Address of centre:	St Stephens Hospital, Sarsfield Court, Glanmire, Cork
Type of inspection:	Unannounced
Date of inspection:	16 April 2025
Centre ID:	OSV-0000715
Fieldwork ID:	MON-0044419

About the designated centre

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

Unit 1 is a dementia specific unit situated within the 117 acres of grounds at St Stephen's Hospital, Sarsfield's Court, Glanmire, Co Cork. It is situated approximately two kilometres from Glanmire village and seven kilometres from Cork city. It is a single storey detached building and is registered to accommodate 16 residents. Residents' accommodation comprises of one single bedroom, and the rest of bedrooms are three-bedded rooms. Assisted showers toilets and bathrooms are across the corridor. Communal space includes a dining room and sitting room and a sensory room. Residents have access to an enclosed garden with panoramic views of the valley and countryside. All bedrooms open onto a veranda. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18, long-term residents and palliative care to older people with dementia. The centre provides 24-hour nursing care and medical care is available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 16 April 2025	08:30hrs to 14:30hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

The inspector met and greeted the five residents living in Unit 1 St Stephen's Hospital on the day of this inspection. The majority of residents living in the centre were diagnosed with a cognitive impairment and were unable to speak with the inspector. Throughout the day the inspector spent time observing residents' daily lives and care practices in the centre, in order to gain insight into the experience of those living there. Overall, residents were seen to be well cared for and staff interactions were kind and respectful. However, the inspector saw that there was no social stimulation or activities taking place in the centre. From discussions with staff it was apparent that previous activities for residents such as music and therapies had ceased, due to the reduction in the amount of residents living in the centre.

Unit 1 St Stephen's Hospital is single storey designated centre for older people registered to provide care to 16 residents. It is situated on an extensive 117 acre site which is co located on a large campus with other Units, collectively known as Sarsfield Court. The centre is located close to the village of Glanmire, seven kilometres from Cork city. It is registered to accommodate 16 residents, in five three bedded rooms and one single bedroom. Bathroom and shower facilities were shared and situated on the main corridor. The inspector was informed that the single room was not generally available for long term care, as it was for use if a resident was required to be isolated due to an infection or to care for a resident at end of life. The inspector observed that there was signage throughout the centre reminding people to social distance and referencing COVID-19. However, there was not an outbreak in the centre at the time of the inspection. This made the centre feel more clinical than homely.

On arrival to the centre the inspector saw that there was a small seating area inside the front door. This area had been decorated for Easter with flowers and signage. To the left of the foyer was the centres sitting room. One resident was seen to use this area during the day. The inspector spoke to the nurse in charge of the unit on arrival. They informed the inspector that the person in charge and the clinical nurse manager were both on planned leave. Following an initial meeting, the nurse accompanied the inspector on a walk around of the centre. Some residents were observed having their breakfast, while others were being assisted to get up by staff. The inspector observed that the centre was quiet, as 11 beds were not occupied. As a result of this some bathroom facilities were kept locked and this required staff to open them with a key and the family room was being used as a staff changing facility. Overall, the centre was clean throughout and domestic staff were on duty daily in centre.

The inspector observed that staff engaged with residents in a respectful and kind manner throughout the inspection. Those residents who could not communicate their needs appeared comfortable and content. Residents appeared well dressed and groomed in their own personalised styles. Staff were seen walking on the main corridor with some residents during the day and one resident was observed doing

arts and crafts independently in the sitting room. However, for most of the day residents had little to occupy and stimulate them. Discussions with staff indicated that previous resources such as dog therapy and music no longer took place in the centre and residents no longer had access to day care services on the hospital grounds. These findings are actioned under regulation 9; residents rights.

Residents had a garden available to them, situated to the side of the premises, which well developed and enclosed. However, the doors to this area was observed to be locked and not easily accessible for residents. Discussions with staff indicated that this was to prevent residents accessing these areas independently. Later in the day the inspector observed one resident out in the garden doing some gardening. They told the inspector they loved the outdoors and being out in the nice weather. The inspector was informed that visitors were always welcome in the centre and a sign in book was available at reception. The inspector did not have the opportunity to meet visitors on the day of this inspection as they were not in the centre at the time.

The inspector spent time observing the dining experience for residents. Food was seen to be provided from the campus' main kitchen and was then plated from a hot trolley in the dining room. In general, food looked fresh and it was evident that residents had choices. The dining room was seen to be a bright room overlooking the garden and there was ample staff to assist residents. In total three residents dined in this room on the day of this inspection.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This one day unannounced inspection was carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). Findings of this inspection were that residents were in receipt of a high standard of health care in Unit 1 of St Stephens. However, significant action was required pertaining to residents rights, safeguarding and the governance and management of the centre. Management systems required action and improvement and each of these areas are detailed under the relevant regulation of this report.

The registered provider of this centre is the Health Service Executive (HSE). Although there a clearly defined management structure in place, as outlined in the centres statement of purpose, there was ambiguity with regards to senior management roles and responsibilities for the service and who the staff in the centre reported to in the event of an emergency or in the absence of the person in

charge. Therefore, the lines of accountability and authority were unclear. This is further detailed under regulation 23.

The centre was being managed on a daily basis by a suitably qualified person in charge. They worked full time in the centre and were supported by a clinical nurse manager and a staff team of nursing, health care attendants, multi-task attendants and catering staff. Cleaning services were provided by an external company. The person in charge reported to a General Manager in the HSE, who had been appointed to this role in November 2023. However, the Chief Inspector had not been informed via the notification process, as required, of a change of person participating in management as actioned under registration regulation six.

There was a good system of clinical oversight of the quality of care delivered to residents through a programme of audits and there was clear evidence of learning and improvements being made in response to these reports and other feedback. However, this inspection found that the management systems put in place with regards to safeguarding vulnerable residents were not effectively implemented or monitored. An urgent action was issued to the registered provider regarding the safeguarding of residents. The provider submitted a response outlining the planned actions, within the required time frame. Incident management systems were also found not to be robust. These findings are actioned under regulation 23.

Policies and procedures required by Schedule 5 of the regulations were available for review. At the time of this inspection some policies were being updated and reviewed. Action was required to ensure that the safeguarding policy was centre-specific and available to guide staff. Complaints were managed in line with the centres complaints policy and all concerns and complaints, brought to the attention of staff, were addressed in a timely manner.

There were good systems of communication within the centre which included nurses meetings, and healthcare assistant meetings. Monthly meetings between the general manager and the person in charge had recently been established. Feedback was sought via residents meeting where relatives attended to represent their family member. Mandatory training was provided to all staff and being monitored by the person in charge. Key clinical indicators with regard to the quality of care provided to residents were collected on a weekly basis and collated to develop a monthly report to support oversight of the service. This included the incidence of wounds, restrictive practices, falls, and other significant events.

Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector. Action was required to ensure the staff duty roster was maintained accurately, as actioned under regulation 24.

Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider had not notified the Chief Inspector in writing of the change identity of a person participating in management of the designated centre within 28 days of the change. This is a legal requirement.

Judgment: Not compliant

Regulation 15: Staffing

On the day of this inspection there were sufficient staff on duty in the centre, to meet the assessed care needs of residents given the size and layout of the centre. There was one Registered General Nurse and two healthcare attendants, with responsibility for the care of five residents. The Clinical Nurse manager also attended the centre to facilitate the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

On review of the duty roster it was evident that not all persons working in the centre were recorded on this document accurately. This is a requirement of the regulation as per Schedule 4.

Judgment: Substantially compliant

Regulation 23: Governance and management

Findings of this inspection were that the governance and management systems in place were not effective to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example:

- There was a lack of oversight of safeguarding in the centre and the inspector was not assured that a safeguarding plan in place was effectively implemented or monitored, which posed a risk to residents.
- Although the statement of purpose outlined a management structure and reporting relationships, this inspection found that the lines of authority and accountability at individual, team and service levels were unclear. Roles and responsibilities for all areas of care provision were not understood. For example; staff working in the centre on the day of the inspection did not have a clear indication of who to contact in the event of an emergency. This posed a risk to the safe delivery of care to residents.
- There were inadequate resources allocated to a social programme for residents, which was impacting on residents quality of life.
- The system for incident reporting was not sufficiently robust. Findings of this inspection were that there was not a system in place to notify incidents occurring in the centre in the absence of the person in charge. This resulted in a significant delay in reporting a serious incident and a subsequent delay in the investigation process.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was one complaint submitted since the previous inspection of July 2024. The inspector saw that there was a centre-specific complaints policy detailed the procedure in relation to making a complaint and set out the time-line for complaints to be responded to, and the key personnel involved in the management of complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

The safeguarding policy was not centre-specific, and therefore, did not provide all relevant information to guide staff in the event of a safeguarding incident in the centre.

Judgment: Substantially compliant

Quality and safety

This inspection found that residents living in Unit 1 St Stephen's received a high standard of nursing and medical care and support that was of a good standard. However, action was required in relation to Regulation 8, Protection, to ensure that the service provided to residents is safe and effectively monitored. Residents were also found not to be provided with meaningful activities and therefore their social care needs were not being addressed. These findings will be further detailed under the relevant regulations

Residents had very good access to medical and nursing care. A medical consultant was available to the centre and visited residents weekly, which resulted in positive outcomes for residents. Referral pathways were in place to access services of allied health professionals such as dietitians, physiotherapists and speech and language therapists. There was a very low incidence of pressure ulcer development in the centre and appropriate preventative equipment allocated to residents, such as air mattresses.

All residents living in the centre had a care plan in place. This inspection found that overall care plans were completed to a high standard and were person centred. They described individualised and evidence-based interventions to meet the assessed needs of residents. Validated risk assessments were regularly completed to assess various clinical risks, including risks of malnutrition, pressure sores and falls. These assessments informed the residents' care plans and were updated at a minimum of every four months or when the needs of residents changed.

The use of restrictive practices such as bedrails were monitored to ensure that restrictive practices were only initiated after an appropriate risk assessment was completed, and in consultation with the multidisciplinary team and the residents concerned. There was one resident allocated bedrails on the day of this inspection. All staff working in the centre had received training in responsive behaviour. However, action was required to ensure that residents had unrestricted access to the secure garden in the centre and that behavioural support plans included all relevant information pertaining to the residents. These findings are actioned under regulation 7.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with meeting their hydration needs and with eating their meals. Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented.

Regulation 17: Premises

Action was required to ensure the premises conformed with Schedule 2 of the regulations evidenced by the following findings:

- there was excessive storage of equipment in the sluice room, making this area difficult to access and use.
- the threshold of the door to the garden was observed to be damaged and broken. This posed a risk to residents mobilising outdoors independently or with walking aids.

The premises was not currently conforming in accordance with the statement of purpose as prepared under Regulation 3 as the visitors/family room was operating as a staff changing and break facility. Therefore, this was not available to residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. Residents were monitored for weight loss and were provided with access to dietetic, and speech and language services when required to ensure best outcomes for residents. The speech and language therapist was in attendance to assess a resident on the day of this inspection. Staff were available to provide residents with assistance at mealtimes in the dining room and in their bedrooms.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Pre-admission assessments were completed to ensure the service could provide appropriate care and facilities. Residents had evidence-based risk assessments to guide care. The sample of care plans and assessments reviewed demonstrated that they were updated four monthly, as per regulatory requirements and contained person centred information to direct and inform care.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a consultant and general practitioners (GP). Services such as speech and language therapy and dietetics were available when required. The inspector found that the recommendations of health and social care professionals were acted upon which resulted in good health outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Action was required to comply with this regulation evidenced by the following findings:

- The inspector found that doors to the gardens were kept locked. This was found to be restrictive. This was not identified as a restraint within the centre and was not documented on the centres risk register.
- Care plans for residents who presented with responsive behaviours did not always outline de-escalation techniques, and ways to effectively respond to behaviours.

Judgment: Substantially compliant

Regulation 8: Protection

Where safeguarding risks were identified in the centre, the safeguarding measures put in place by the provider, specifically the supervision arrangements for staff, were not effectively implemented or monitored. Therefore, the systems failed to protect residents, as evidenced by the continuance of the safeguarding risks to residents.

Judgment: Not compliant

Regulation 9: Residents' rights

The following required action to ensure the rights of residents were fully met : ?

- Residents did not have access to meaningful activities in the centre and there was minimal social stimulation for residents. This was a repeat finding.
- The majority of residents living in the centre did not have access to the day care services on the campus. The centres statement of purpose, by which it is registered, indicated that these services would be available to residents living in the centre.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Unit 1 St Stephen's Hospital OSV-0000715

Inspection ID: MON-0044419

Date of inspection: 16/04/2025

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
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: Updated copy of Identification provided on 02/05/2024, passport supplied as driver's license was unclear.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Off-duty for the PIC will be documented in the Unit roster going forward.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• The safeguarding plan in place on the unit has been reviewed with enhanced supervision arrangements now in place.• The Statement of Purpose has been updated with a new organisational structure chart	

<p>to identify governance arrangements by day and out of hours.</p> <ul style="list-style-type: none"> • The Governance policy for unit 1 has been updated with the addition of action cards which outlines the responsibilities of each grade to include governance arrangements when the PIC and CNM2 are absent from the center. • The center follows and implements the "safeguarding vulnerable persons at risk of abuse-National HSE Policy. The center has now implemented a local safeguarding policy to support this. • Pool Activity Level Assessments (PAL) have been carried out for each resident by the Occupational Therapy department. This assessment is designed to assess the level of activities a resident has the ability to engage with. A program of activities has been planned following these assessments and is carried out by the HCA with the support of a Nurse from Valley View day center one morning a week. The Occupational therapy department has committed to providing an occupational therapist each Friday morning commencing in July 25 to support this activity program. • The Incident reporting policy for Unit 1 has been updated to include the pathway for notification of incidents in the absence of the PIC. 	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>A center specific safeguarding policy is now in place in unit 1 and has been read and signed by each member of staff.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Equipment stored in the Sluice room has now been removed. • A ramp with support bars has been installed at the exit to the garden to support residents to move freely in and out. • Staff are no longer using the family room for breaks. 	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> • The installation of a ramp at the exit to the garden allows free movement of residents in and out of the garden. • Care plans have been updated to include individual de-escalation techniques and responses to behavior that challenges. 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • The safeguarding plan in place on the unit has been reviewed and enhanced supervision arrangements implemented. 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Pool Activity Level Assessments (PAL) have been carried out for each resident by the Occupational Therapy department. This assessment is designed to assess the level of activities a resident has the ability to engage with. A program of activities has been planned following these assessments and is carried out by the HCA with the support of a Nurse from Valley View day center one morning a week. The Occupational therapy department has committed to providing an occupational therapist each Friday morning commencing in July to support this activity program. 	

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
Registration Regulation 6 (3)	The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge of the centre) within 28 days of the change and supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person participating in the management of the designated centre.	Not Compliant	Orange	01/05/2025
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre	Substantially Compliant	Yellow	01/05/2025

	are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
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	20/05/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	17/04/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	05/05/2025
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management	Not Compliant	Orange	05/05/2025

	structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	05/05/2025
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	01/05/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	20/05/2025
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Red	22/04/2025

Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	01/05/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	01/07/2025