



**Health  
Information  
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Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Orwell Private
Name of provider:	MCGA Limited
Address of centre:	112 Orwell Road, Rathgar, Dublin 6
Type of inspection:	Unannounced
Date of inspection:	08 May 2025
Centre ID:	OSV-0000078
Fieldwork ID:	MON-0046819

## About the designated centre

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

Orwell Private is located in south Dublin close to local amenities such as bus routes, restaurants, and convenience stores. The centre can accommodate 170 residents, both male and female over the age of 18 years. They provide long term care, short term care, acquired brain injury care, convalescence care, respite and also care for people with dementia.

The centre is made up of a period premises that has been adapted and extended to provide nursing care and support through a number of units. The units provide bedroom accommodation alongside communal areas including sitting and dining areas and a kitchenette that are homely in design. Bedroom accommodation is a mix of single and double rooms. The vast majority have en-suite facilities and a small number of bedrooms have shared bathrooms. Additionally on the premises there is a full time hair dressers, cafe, gym, library and training rooms.

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

Number of residents on the date of inspection:	161
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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 8 May 2025	08:55hrs to 17:00hrs	Niamh Moore	Lead
Thursday 8 May 2025	08:55hrs to 17:00hrs	Helen Lindsey	Support
Thursday 8 May 2025	08:55hrs to 17:00hrs	Frank Barrett	Support

## What residents told us and what inspectors observed

From what residents told us and from what the inspectors observed, residents of Orwell Private were enjoying a good quality of life. On the day of the inspection, there was a calm atmosphere throughout the centre and residents spoken with said that they felt safe, and received care from kind staff.

Upon entering the designated centre, the inspectors were met by a member of the administration team and completed the signing-in process. The inspectors began the introductory meeting with the deputy director of care and director of nursing, one of which was the senior staff member on duty. The person in charge and a director of the company later joined the meeting. Following this, one of the inspectors who's focus was on fire prevention and safety, completed a walk through the premises and two inspectors attended the units observing the environment and the care provided, and talking to residents, visitors and staff.

Orwell Private is a designated centre for older people situated in Rathgar, Dublin 6. The centre provides accommodation for 170 residents and consists of three different buildings, referred to as Orwell House, The Raglan, and The Elgin. Orwell House was an older building, with an extension added to create the two other buildings referred to as Raglan and Elgin. The Orwell building comprised of three floors with accommodation for 45 residents. The Elgin building comprised of four floors including the convalescence unit with accommodation for 56 residents. The Raglan building comprised of four floors with accommodation for 69 residents. Each floor of the residential units were referred to by colour, for example the ground floor was referred to as green.

Residents had access to communal spaces beyond their individual units, including an area known to as 'The Avenue', which consisted of areas such as the hairdressing salon, a gym, a café and an oratory. Overall the centre was bright, clean and well-maintained. However, inspectors observed that due to limited storage hoists were charging in corridors, which impacted on fire safety measures and will be further discussed within this report.

Residents' accommodation comprised 110 single and 30 twin occupancy bedrooms. Residents had access to en-suites and shared bathrooms. Inspectors viewed a sample of bedrooms and found they were suitably furnished and overall were seen to be personalised with items of interest to the resident, such as photographs and soft furnishings.

Residents were seen to choose their routines in the centre. Some residents were in their bedrooms, others were in the communal rooms in the units. Some residents were attending activities in different units, and some were meeting family and friends in different places in the centre, including the café.

There were information boards available on each unit. These boards displayed useful information to residents such as the complaints policy, advocacy services, and the weekly timetable for activities available. On the day of the inspection, activities such as art, rosary, pet therapy and an external musician played music in the garden. The day of the inspection was a lovely sunny day and this activity was attended by many residents. Throughout the centre there were newspapers, books, and access to music and television. Residents also had access to the internet.

Inspectors observed the dining experience in some units and saw that some residents were eating in their rooms, others were in the dining rooms in the units. During the lunch-time service, residents were given a choice of three options, such as pork, fish cakes and chicken on the day of the inspection. However, inspectors found that where some residents had expressed other preferences, these were also provided for. Meals were well presented including those on modified diets, with a choice of drinks also available. The atmosphere in the dining rooms was relaxed and support with meals was seen to be delivered in an unhurried manner. Overall, residents spoken with were complimentary regarding the food provided.

Staff spoken with were knowledgeable of resident's needs and preferences, and were engaging with residents and their visitors in a positive way throughout the inspection. Residents spoken with during the inspection gave positive feedback about their care.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

Orwell Private had a clearly defined management structure in place, with identified lines of authority and accountability. This was an unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulation 2013 (as amended). The inspectors reviewed some areas of the compliance plan from the November 2024 inspection, and found that overall the registered provider was committed to quality improvement for the benefit of residents as it was evident that appropriate action had been taken to address the findings of this previous inspection.

The registered provider was MCGA Limited. There are five company directors. The person in charge was responsible for the local day-to-day operations in the centre, and was supported in their role by a deputy director of care and a director of nursing who were present on the day of inspection. Additional staff included two assistant directors of nursing, clinical nurse managers, a nurse educator, staff

nurses, health care assistants, activity staff, maintenance, catering, household, and administration staff. There were no staffing vacancies on the day of the inspection.

Inspectors spent time in most of the units in the centre, and observed that there was sufficient staff to meet the needs of the residents. Residents were choosing their own routines in the morning including whether to attend activities, spend time in the unit sitting areas, or staying in their own rooms.

Staff had access to a variety of training, provided through the registered providers learning platform. All staff had completed training in safeguarding, fire safety, and manual handling. There were a variety of other courses provided to staff including managing responsive behaviours, infection prevention and control, and dementia care. Training was available in a mixed format, with some face to face, and other opportunities on-line.

As previously stated within this report, the registered provider had responded to the findings of the last inspection, records were seen to be secured on units and overall the required information requested for this inspection was provided to the inspectors in a timely manner. The annual review of the quality and safety of care delivered to residents for the year 2024 was currently in draft format, the person in charge stated that the timeframe for completion of this was June 2025. There were systems in place to ensure oversight of the centre however, some of these required strengthening to ensure the effective and safe delivery of care in accordance with the centre's statement of purpose. This is further discussed under Regulation 23: Governance and Management.

In each of the units there was information about the complaints process, and advocacy services available in the area.

### Regulation 15: Staffing

The number of staff was seen to be sufficient for the needs of the residents, and also for the layout of the building. Each unit had nursing and healthcare assistants allocated during the day and at night time.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to and had received appropriate training. Supervision arrangements were in place for staff, including senior management being available, and clinical nurse managers (CNM) being allocated to each unit, for oversight of the care and support being delivered. There was an induction programme in place for staff,

including training in safeguarding and fire safety. It also covered orientation to the centre, a review of policies and procedures, and the mission of the service.

Judgment: Compliant

### Regulation 23: Governance and management

While many good findings of the oversight have been reported on within this report, inspectors found that the management systems in place to monitor all areas of the service were not fully effective. For example:

- the systems in place did not ensure the premises was appropriate to meet the needs of all residents. For example, there were four bedrooms in the Orwell unit which were accessible by steps and therefore residents who occupied these rooms were required to be independently mobile. Two of the residents who occupied these bedrooms were not independently mobile and required assistance from staff to access their bedroom. Management confirmed on the day of the inspection they would review these measures which would include completing a risk assessment.
- while the provider had plans to continue upgrades of the centre to improve fire safety and the overall premises, further action was required as outlined under Regulation 17: Premises and Regulation 28: Fire Precautions.
- the registered provider was aware of issues pertaining to one resident's privacy, however further management oversight was required as discussed under Regulation 9: Residents' rights.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a complaints policy in place that clearly identified the procedure to be followed if a verbal or written complaint was received. This included naming a complaints and review officer, and the timelines in which people could expect to receive a response. Those named as having a role in the process had received training in complaints management.

There was a clear record of verbal or written complaints that had been received, and a sample review of the documents showed that the policy had been followed, with written responses provided to the complainant setting out any findings, and any improvements that would be made.

Judgment: Compliant



## Quality and safety

Inspectors observed that staff working in the centre were committed to providing quality care to residents and they were seen to treat residents with respect and kindness throughout the inspection. However, further actions were required in relation to residents' rights, the premises and fire precautions.

A selection of 11 residents' care records were reviewed on the day of inspection. Pre-assessments were in place prior to a resident's admission to confirm that their needs could be met within the designated centre. Assessments and care plans were seen to be developed within 48 hours in line with regulatory timeframes. Care plans reflected residents' assessed needs and were appropriately reviewed and updated when any changes had occurred such as falls risks. Staff spoken with were familiar with the detail of the care plans, and were seen to be knocking on doors, and engaging with residents to explain any care or support before engaging.

Residents had access to a general practitioner (GP) who attended the centre regularly and supported them with referral pathways to access allied health professionals. Following the findings of the last inspection where issues were identified that the health and social care needs of a resident were not met, significant engagement with the registered provider took place. Inspectors also contacted the Health Service Executive (HSE) through the HSE Safeguarding and Protection team and the HSE team responsible for the oversight of the care of residents with a disability in order to ensure that relevant parties were aware of the concerns of inspectors following that inspection. Inspectors found that since this engagement a multi-disciplinary team approach to the care of this resident had commenced. On this inspection, inspectors noted some improvements to the care of this resident but further action was required, this is discussed further under Regulation 9: Residents' rights.

There were systems in place to safeguard residents and protect them from the risk of abuse. Staff spoken with demonstrated their knowledge of safeguarding procedures within the centre. Safeguarding was an agenda item at residents' meetings and residents reported that they felt safe living in the centre.

Residents were seen to be using different areas in the centre through the day. There were activities in one unit in the morning, that many attended, and then a live music performance in the garden in the afternoon. Residents spoken with said that there was a good range of things going on during the day. Activities staff confirmed that there was a programme in place which covered seven days. This included a range of activities, to suit a range of interests, such as arts and crafts, quizzes, music, and exercise. There was a 'men's shed' which was one of the locations used for activities.

Feedback was sought from residents and families in relation to the operations of the designated centre. There were regular residents meetings where information was

provided, for example about advocacy services. Residents were also asked for feedback about topics such as food, catering and activities. A resident survey had been completed in 2023, and the results were in the annual report for 2024. High levels of residents reported they felt safe, and there were positive comments from residents about the staff and quality of care.

The premises of Orwell Private nursing home covers a large area. The three buildings incorporating the centre, provide distinctive areas and communal spaces within the centre. During the day of the inspection, the external garden space was in use by residents, and was maintained and safe for use by residents living at the centre. However, inspectors found that the provider had made changes to the layout of some areas within the footprint of the centre, which were not accurately reflected on the registered floor plans. In addition, some storage concerns were raised on this inspection, as some storage areas used were not appropriate. This included storage spaces that would impact on fire safety exit routes. Further information on the premises issues are outlined under regulation 17: Premises.

The registered provider had risk management procedures in place which were centre-specific, including clear processes in place for managing and assessing risks.

Inspectors reviewed the arrangements in place to protect residents from the risk of fire. The provider had previously identified fire safety concerns at the centre through a fire safety consultants survey of the centre. This survey had highlighted areas that required upgrade including fire detection, compartmentation and emergency lighting. The provider had taken considerable steps to reduce the risk identified in this survey. However, there were still a number of items that remained incomplete for which the provider had planned upgrades, and in some cases had committed to target timelines for completion. During this inspection, some practice was highlighted which impacted on fire safety, including the charging of hoists on corridors, the lack of suitable safe storage space, the impact of incomplete compartmentation and the limitations of the fire detection system. Fire safety is discussed under Regulation 28: Fire Precautions.

## Regulation 12: Personal possessions

Residents' bedrooms were seen to afford sufficient space for residents belonging. Many bedrooms had been personalised with residents' personal items, such as photographs, ornaments, and small items of furniture.

Laundry was carried out off site, with a system in place to ensure clothing items were returned to residents.

Judgment: Compliant

## Regulation 17: Premises

Improvements were required by the registered provider to ensure that the premises are in line with the Statement of Purpose and the floor plans for which it is registered. For example:

- Areas of the centre which had been remodelled and re-configured were not in line with the floor plans submitted as part of the registration process. This included some staff areas, and a plant room adjacent to a communal café space. In one first floor area, a toilet was indicated on the floor plans within the stairs, however the inspectors observed that the stairs continued up to the next level in this area and did not contain a toilet.

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

- There was insufficient suitable and safe storage available at the centre. This was indicated during the inspection by the use of cupboards and other rooms to store nutritional products, and equipment, on the escape route with fire safety concerns as well as hoists and mobility equipment being stored on hallways.

Judgment: Substantially compliant

## Regulation 26: Risk management

There were arrangements in place for identifying, recording, investigating and learning from serious incidents and or adverse events involving residents. Inspectors reviewed documentation which outlined learning and recommendations arising from a recent root cause analysis, such as reviews to policies, training for staff and the completion of quarterly emergency drills.

Judgment: Compliant

## Regulation 28: Fire precautions

Further action was required by the registered provider to take adequate precautions against the risk of fire, and to provide suitable fire fighting equipment for example:

- While there was fire fighting equipment in the centre, the placement of fire extinguishers within the plant room required review. The extinguishers were

on a mobile frame that could be moved around the large plant room, however, these were not located under correct signage to ensure clear identification and easy access in the event of a fire. This could cause delays to extinguishing a fire in its early stages.

- The practice of charging hoist batteries on corridors was placing an increased risk of fire along escape routes.

Further action was required of the registered provider to ensure adequate means of escape for example:

- An external escape route from a lower ground floor day room area required residents to travel over a section of footpath that had a steep incline to reach the assembly point. This ramp did not have any handrails fitted to assist residents with mobility difficulties or those with reduced mobility to access the assembly point in the event of an evacuation. There was no fire alarm call point available at the exit door from this room.

Arrangements in place for detecting and containing fires required further review. For example:

- While improvements had been made to the fire detection and alarm system, many storage spaces which opened onto escape corridors were not fitted with fire detection. Some of these areas had electrical items plugged in, which increased the risk of fire.
- Fire doors in some areas of the centre, did not provide appropriate measures of containment. This included, smoke seals, gaps in doors, non fire-rated hinges, handles and doors which could not be identified as fire doors. Some corridor compartment doors were fitted within walls which were not complete fire compartments to the fire rated ceilings.
- One area of the centre had a lift, that opened into an area that was directly accessed by two bedrooms. As the lift does not provide effective smoke containment, these two resident bedrooms were vulnerable to smoke entering their rooms through the lift shaft, and corridor from other floors.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Following on from the findings of the last inspection, inspectors found that significant improvements had been made to the care planning arrangements in place for residents. Assessments were completed using a range of validated tools. Care plans viewed by the inspectors were personalised and sufficiently detailed to direct care. For example, these were seen to have a strong focus on rights, preferences, and reflected their personal choices.

Judgment: Compliant

### Regulation 6: Health care

Residents had appropriate medical and allied health services. There was relevant referrals made to these services including a frailty response service, physiotherapy, dietitian, dental, tissue viability and palliative care.

Judgment: Compliant

### Regulation 8: Protection

Inspectors saw that the measures in place to respond and prevent safeguarding incidents were outlined within individual resident's safeguarding care plans.

The registered provider was a pension-agent for two residents and a separate client account was in place to safeguard residents' finances. In addition, good practices were in place to protect residents' personal monies and possessions held by the registered provider. For example, from a sample review the money held on-site reflected the records.

Judgment: Compliant

### Regulation 9: Residents' rights

While residents, overall, were able to undertake personal activities in private, an issue identified at the last inspection remained ongoing. This inspection highlighted again that the provider lacked insight in upholding a resident's dignity and privacy. It is acknowledged that since the previous inspection, this particular resident's environment had improved, further measures were required to ensure that all appropriate controls were in place to promote this resident's privacy and dignity in line with their chosen routines, and to ensure the resident was able to undertake personal activities in private.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially 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 Orwell Private OSV-0000078

**Inspection ID: MON-0046819**

**Date of inspection: 08/05/2025**

## **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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>There are three bedrooms in the Orwell Unit that are accessible by steps. These rooms can be reached using a chair lift.</p> <ul style="list-style-type: none"><li>• One resident is able to walk independently.</li><li>• Two residents need help from one staff member to move around.</li></ul> <p>We have reviewed the needs of these residents. The residents who are not independently mobile will be moved to bedrooms that do not require the use of steps. The moves will be completed as soon as suitable rooms become available. We will review this weekly until all moves are completed.</p> <p>Regulation 28: Fire Precautions: All required fire-safety improvements and associated actions are recorded in the section dedicated to this regulation.</p> <p>Regulation 9: Residents' Rights: The matters relating to a resident's privacy and the required management oversight are addressed under this regulation.</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"><li>• The provider will carry out a full review of the building layout and compare it with the registered plans. Any differences will be identified, and updated, accurate floor plans will be created. These revised plans will be submitted to HIQA as part of an updated Statement of Purpose.</li></ul> <p>Date of completion: 17 December 2025</p> <ul style="list-style-type: none"><li>• The nutritional products are now stored in locked cupboards in designated storage</li></ul>	



<p>areas. All escape routes have been cleared and will be kept free of any storage at all times.</p> <ul style="list-style-type: none"> <li>• Hoists and mobility equipment have been moved to appropriate storage spaces and will no longer be kept in hallways. Staff have been reminded of correct storage procedures, and weekly environmental checks will be completed to ensure ongoing compliance.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• The issue with the fire extinguishers in the plant room has been addressed, and the extinguishers are now placed in fixed, wall-mounted positions under the correct signage; this action is Complete.</li> <li>• The practice of charging hoist batteries in corridors has stopped, and no charging now takes place along escape routes. All chargers have been moved to rooms with fire detection, and charging is now completed at night-time only; this action is Complete.</li> <li>• The external escape route from the lower ground floor day room has been fitted with handrails, additional lighting has been added, and a fire alarm call point has been installed at the exit door; these actions are Complete.</li> <li>• All fire doors in the centre have now been reviewed, and the required updates have been made. Smoke seals have been fitted, gaps around doors have been repaired, and any hinges or handles that were not fire-rated have been replaced. Fire-door identification stickers have been added, and adjustments to corridor compartment doors have been completed to ensure proper connection with fire-rated walls and ceilings; these actions are Complete.</li> <li>• A new fire-rated door will be installed to protect the two bedrooms located beside the lift shaft, ensuring effective smoke containment in this area. This installation will be completed by 30 January 2026.</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The provider acknowledges the privacy concerns identified during the previous inspection. A review of the resident's environment and preferences has been completed. The resident is now consistently keeping their bedroom door closed during personal care, and the previous issue of the door being left ajar is no longer present.</p> <p>Over the past six months, the resident has shown significant improvement with ongoing 1:1 support and input from the multidisciplinary team, which has strengthened their ability to carry out personal activities in private and in accordance with their preferences.</p>	

The resident's care plan has been updated to reflect the supports required to maintain privacy.

All staff have been reminded of their responsibilities in upholding the resident's dignity. Compliance will be monitored through supervisory checks, and a formal review will be completed within four weeks to ensure that the arrangements remain effective.

## 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 17(1)	The registered provider shall ensure that the premises of a designated centre 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.	Substantially Compliant	Yellow	17/12/2025
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	28/11/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	17/12/2025

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	28/11/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	28/11/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/01/2026
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	28/11/2025