

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

Issued by the Chief Inspector

Name of designated centre:	Kilbarry Care Centre
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Carrigea Crescent, Kilbarry, Waterford
Type of inspection:	Unannounced
Date of inspection:	09 July 2025
Centre ID:	OSV-0008637
Fieldwork ID:	MON-0047199

About the designated centre

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

Kilbarry Care Centre is a purpose-built facility which can accommodate a maximum of 90 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. The home is divided over three floors, and all residents have access to a secure courtyard, garden to the rear of the centre and balconies on each of the upper floors.

There is a designated Memory Care Centre which offers care for residents with a diagnosis of Dementia and/or cognitive impairment, specifically during periods of time when they may require focused care for the behavioural and psychological symptoms associated with their condition.

The home is located in a residential area and a local bus service is within walking distance. There is ample parking to the front of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	90
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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 9 July 2025	10:00hrs to 16:50hrs	Mary Veale	Lead
Thursday 10 July 2025	18:00hrs to 21:10hrs	Mary Veale	Lead
Wednesday 9 July 2025	10:00hrs to 16:50hrs	Laura Meehan	Support

What residents told us and what inspectors observed

From what inspectors observed and what the residents reported, they were generally happy and content living in Kilbarry Care Centre. Over the course of the inspection, the inspectors spoke with 12 residents, five visitors, and staff to gain insight into the residents' lived experience in the centre. All residents spoken with were complimentary in their feedback and expressed satisfaction with the standard of care provided. The inspectors spent time in the centre observing the environment, interactions between residents and staff, and reviewing various documentation. All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays while attending to residents' requests and needs on the days of inspection.

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse. The inspection was conducted over two days, commencing with a day inspection on the first day by two inspectors and followed by a second day of inspection on the following evening by one inspector. On both days of inspection, there was a calm and welcoming atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff. Residents said that they felt safe and that they could speak with staff if they had any concerns or worries. There were a number of residents who were not able to verbally give their views on the centre. However, these residents were observed to be mostly content and comfortable in their surroundings.

Kilbarry Care Centre is a modern three-story designated centre registered to provide care for 90 residents on the outskirts of Waterford city. There were 90 residents living in the centre on the days of the inspection. In 2024, the registered provider established a memory care centre on the ground floor. The inspectors observed enhancements to the environment in the memory care centre. For example, a mural of Waterford city quay front had been installed on the large windows and glass doors of the day room in the memory care centre, which protected the privacy and dignity of the residents living on the ground floor without compromising on natural light.

The provider had created breakout quiet areas in the memory care centre, which were designed to offer residents a peaceful retreat from the main dining room and day room. For example, an area opposite a nurse's station had armchairs, a table, and a piano. The visitor's room had been decorated to create a therapeutic and low-stimulus environment where residents could relax. These areas were observed in use by residents with dementia and those who simply needed a break from social interaction, providing a calming environment for relaxation, reflection, or simply a change of scenery.

The design and layout of the premises met the individual and communal needs of the residents. The building was well-lit, warm, and adequately ventilated

throughout. Residents had access to a dining room and day rooms on each floor. Residents in the memory care centre had access to a private visiting room. There was a hairdressing room on the ground floor, which was accessible to all residents. The centre was observed to be clean and tidy.

Residents were accommodated in 90 single rooms, all with en-suite wash hand basin, toilet, and shower facilities. Most bedrooms were personalised and decorated in accordance with residents' wishes. Lockable storage space was available for all residents, and personal storage space comprised a locker, a set of drawers, and double wardrobes. All bedrooms were bright and enjoyed natural light. There was a large bathroom in the memory care centre and a shower room on the second floor. Inspectors observed that residents did not have access to the bathroom in the memory care centre. This is discussed further under Regulation 9: Residents' rights.

Residents had access to two enclosed courtyards, two terrace gardens, and a large enclosed garden to the rear of the building. The provider had partitioned the larger of the two courtyards in the centre. One half of the courtyard was for use by residents living in the memory care centre, and the other half was for the residents living on the first and second floors. The courtyards, terraces, and garden had level paving and comfortable seating. There were two designated smoking areas available to residents. Residents in the memory care centre had access to the rear garden; however, their access was restricted due to the use of a door alarm. This is discussed further under Regulation 9: Residents' rights.

The inspectors observed residents interacting with staff, attending activities, and spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day, and it was evident that residents had good relationships with staff. Many residents had built up friendships with each other and were observed sitting together and engaging in conversations with each other. There were many occasions throughout the days in which the inspectors observed laughter and banter between staff and residents. The inspectors observed staff treating residents with dignity during interactions throughout the days.

All residents whom the inspectors spoke with were complimentary of the home-cooked food and the dining experience in the centre. The daily menu was displayed in the dining rooms. The inspectors observed the main lunchtime meal in the memory care unit and on the first floor on the first day of inspection. The lunchtime was a relaxed and sociable experience, with residents enjoying each other's company as they ate while engaging in conversation. Meals were freshly prepared in the centre's on-site kitchen and served in the dining room by the staff. Residents confirmed they were offered a choice of starter, main meal, and dessert. The food served appeared nutritious and appetising. Staff were observed to be respectful and discreetly assisted the residents during the meal times. The inspectors observed that drinks and snacks were offered to residents in the afternoon of the first day and on the evening of the second day.

The centre had contracted its laundry service for residents' clothing to a private provider. All residents whom the inspectors spoke with on the days of inspection

were happy with the laundry service.

Friends and families were facilitated to visit residents, and the inspectors observed many visitors in the centre throughout the two days. Visitors who spoke with the inspectors were very happy with the care and support their loved ones received.

Most residents spoken with said they were very happy with the activities programme in the centre, and some preferred their own company but were not bored as they had access to newspapers, books, radios, the Internet, and televisions. The weekly activities programme was displayed in the residents' bedrooms. The inspectors observed residents attending an arts and crafts session and baking sessions on the first day of inspection. On the evening of the second day of inspection, a number of residents in the memory care centre were observed sitting in the dining room chatting with their visitors, some residents were watching television, and others were completing creative activities such as word search, crosswords, and playing connect four. A small number of residents were observed to have one-to-one care in the memory care centre. Staff providing one-to-one care were observed to be engaging in an unobtrusive, kind manner, and provided assistance when it was needed.

Residents' views and opinions were sought through resident meetings and satisfaction surveys, and they felt they could approach any member of staff if they had an issue or problem to be solved. Residents had access to advocacy services.

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

Capacity and capability

Healthcare Services Unlimited Company is the registered provider for Kilbarry Care Centre. The company is part of the Mowlam Healthcare group, which has a number of nursing homes nationally. The company had three directors, two of whom are engaged in the day-to day oversight of the service. The person in charge worked full time and was supported by an assistant director of nursing, clinical nurse managers, a team of nurses and healthcare assistants, activities co-ordinators, housekeeping, catering, administration and maintenance staff. The management structure within the centre was clear and staff were all aware of their roles and responsibilities. The person in charge was supported by a healthcare manager and had access to facilities available within the Mowlam Healthcare group, for example, human resources. The provider had recruited a housekeeping supervisor and an additional housekeeper following the inspection in January 2025.

The registered provider had supported staff in reducing the risk of harm and

promoting the rights of residents by providing training and development opportunities. Records viewed on the days of inspection showed that staff had completed the human rights-based approach to care, responsive behaviours, safeguarding, restrictive practice and dementia care training, and the inspectors observed that staff were knowledgeable and applied the principles of training in their daily practice. As a result, the inspectors observed that the outcomes for residents were positive and that staff and resident interactions were personal and meaningful, upholding the residents' fundamental rights while promoting their privacy and dignity.

There was evidence of ongoing staff appraisals that covered multiple competencies, including a resident-centred focus and improving the quality of service for residents. Where there were gaps in the staff members' knowledge or practice, an action plan was attached to the appraisal to address the identified learning need. Staff were appropriately supervised. Staff with whom the inspectors spoke with, were knowledgeable regarding the types of abuse and safeguarding procedures.

Improvements were found in the governance and management of the centre since the previous inspection in January 2025. The provider had enhanced the monitoring and oversight of the quality and safety of the service. Additional housekeeping hours were allocated to the memory care centre which was observed to be cleaned to a high standard. There were robust systems in place to oversee, respond to, and manage the needs of the residents with responsive behaviour and to protect all residents from abuse.

The inspectors viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; care planning, call-bell, post fall management, restrictive practice, and clinical care audits which included safeguarding. Audits were objective and identified improvements. Findings from audits were documented on the agenda of staff and governance meetings. Audits completed and action plans were discussed with the healthcare manager monthly which provided a structure to drive improvement. Regular governance meeting and staff meeting agenda items included key performance indicators (KPI's), training, fire safety, care planning, and resident's feedback. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's and audits. Notwithstanding the improvements and good practices identified in oversight of systems further improvements were required in the deployment of staff resources in the centre. This is discussed under Regulation 23: Governance and management.

A detailed annual review of the quality and safety of care delivered to residents took place in 2024 in consultation with residents and their families. Residents and families had been consulted in the preparation of the annual review through surveys and the residents' committee meetings. Within this review, the registered provider had also identified areas requiring quality improvement.

Regulation 15: Staffing

The inspectors reviewed the staff rotas, and this identified that there had been a recent increase in the number of healthcare and housekeeping staff on duty during the day. Based on the individual and collectively assessed needs of the residents, and having regard for the layout of the centre, the inspectors found that this level of staffing was sufficient to ensure that care was attended to appropriately.

Judgment: Compliant

Regulation 16: Training and staff development

From a safeguarding perspective, the provider had ensured that all staff had access to relevant training modules, for example, safeguarding of vulnerable adults, the management of restrictive practices, and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Additional training was also provided in promoting a human rights-based approach.

There were significant improvements in the supervision of staff, particularly in the memory care centre. Inspectors observed that each floor was well-supervised and there was a stable team of staff providing care and support. One-to-one care was provided to a small number of residents in the memory care centre. This meant that there had been a significant reduction in negative resident interactions and a more streamlined approach to safeguarding residents from potential incidents due to another resident's responsive behaviours.

Judgment: Compliant

Regulation 23: Governance and management

Although the provider had good oversight of the centre, management systems required review to ensure that the centre had sufficient resources to ensure the effective delivery of care, as required under Regulation 23(1)(a). This was evidenced by:

- The centre did not have an effective procedure to ensure that all staffing levels were replaced in the event of staff absenteeism. For example; the duty roster was reviewed and showed that staff who were absent from the catering department were covered by health care staff and activities staff absenteeism was not covered. Meaning that on these occasions there was

insufficient activities staff, which limited opportunities for residents to engage in activities that promote their mental and emotional well-being

Judgment: Substantially compliant

Quality and safety

The purpose of this inspection, focused on adult safeguarding, was to review the quality of service being provided to residents and ensure they were receiving a high-quality, safe service that protected them from all forms of abuse. This inspection found that there were robust systems in place to recognise and respond to safeguarding concerns in the centre, and to ensure all measures were taken to protect residents from harm. Improvements were found in managing behaviour that is challenging, protection, residents' rights, the premises, and food and nutrition. Notwithstanding these positive findings, the inspectors found that residents' rights and premises did not align fully with the requirements of the regulations.

The inspectors viewed a sample of residents' electronic nursing notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. The inspectors viewed a sample of residents' safeguarding care plans and the management of behaviours that are challenging care plans, which were person-centred and outlined specific interventions to safeguard the residents.

Improvements were found in the management of behaviour that is challenging. There was a policy in place to inform management of responsive behaviours. There was evidence that staff had received training in managing behaviour that is challenging. Residents had access to psychiatry of later life. For resident's with identified responsive behaviours, nursing staff had identified the trigger causing the responsive behaviour using a validated antecedent- behaviour- consequence (ABC) tool. The provider had introduced a system in which the PIC was informed of a trigger causing an episode of responsive behaviour. The introduction of this system ensured there was effective oversight in the management of behaviours that are challenging. There were clear care plans for the management of the resident's responsive behaviour. It was evident that the care plans were being implemented.

There was a positive culture in the centre with an emphasis on promoting a restraint-free environment. Where restraint was used, it was used in accordance with national policy published by the Department of Health. The use of bed rails as a restrictive device was kept to a minimum. Less restrictive alternatives to bed rails were in use, such as low beds. Restrictive practice was discussed at governance and staff meetings. Risk assessments were completed, a restrictive practice register was maintained, and the use of restrictive practice was reviewed regularly. The entrance

door and the memory care centre on the ground floor were electronically locked. The intention was to provide a secure environment and not to restrict the movement of residents.

Residents with communication difficulties were supported with assistive devices or, where possible, staff could translate for them. Care plans viewed for residents who had difficulties communicating reflected the care that was being delivered.

Improvements were found in the systems in place to safeguard residents from abuse. All staff had An Garda Síochána (police) vetting disclosures on file. Staff had completed bespoke safeguarding training. Staff spoken with were clear about their role in protecting residents from abuse. The provider did not act as a pension agent for any residents or hold money belonging to residents in safekeeping. The records reviewed showed incidents and allegations of abuse had been investigated in accordance with the provider's policy.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria as set out in Regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. Arrangements were in place for the identification, recording, investigation, and learning from serious incidents which included falls, injuries to residents, medication management, and wounds/pressure ulcers. The risk register contained site-specific risks such as the risk to residents using the balcony areas in the centre and the risk to residents who displayed aggressive behaviours.

Improvements were found to the premises since the previous inspection. The privacy and dignity of the residents in the memory care centre were protected by the installation of the window mural in the day room. Comfort chairs and wheelchairs were stored appropriately. The smoking area had an accessible call bell. The premises' design and layout met residents' needs. The centre was found to be inviting and pleasantly decorated to provide a homely atmosphere. The centre had a well-maintained courtyard garden and a rear garden. There were comfortable and pleasant communal areas for residents and visitors to enjoy. In spite of these improvements, further action was required on the premises. This is discussed in this report under Regulation 17: Premises.

Improvements were found in residents' rights since the previous inspection. The provider had introduced an evening quiet time in the memory care centre. Staff assigned to the provision of social activities had introduced more sensory activities and relaxation programmes, which were observed to have a positive effect on residents who displayed responsive behaviours. Residents were provided with recreational opportunities, including games, music, exercise, bingo, and art. Arrangements were in place for consulting with residents in relation to the day-to-day operation of the centre. Resident feedback was sought in areas such as activities, meals, and mealtimes, and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre. Residents had access to local and national newspapers, televisions, and radios. Notwithstanding these good practices, further improvements were required to ensure that all residents were

offered choice in meaningful activities suitable to their individual needs. This is discussed further under Regulation 9: Residents' rights.

Regulation 10: Communication difficulties

From a review of residents records it was evident that residents who had specialist communication requirements had these recorded in their care plan.

Judgment: Compliant

Regulation 17: Premises

Action was required to come into compliance with the regulation as per Schedule 6 requirements in the following area:

- The assisted bathroom was locked with a manual digi-lock, and was not available for residents on the days of inspection. Residents not having access to a bath could negatively impact on the resident's physical and mental well-being, potentially leading to increased risk of infections, and skin problems.

Judgment: Substantially compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre. All restrictive practices were implemented in line with national guidance, and the provider's own local policy. Alternative approaches were attempted by staff to assist the resident before implementing any restrictive practice. Risk assessments aimed to identify any physical, psychological, emotional, social or environmental factors that may trigger responsive behaviours, in order to prevent or limit the use of restrictive practices. Restrictive practices were reviewed on a regular basis in order to evaluate their necessity, impact and effectiveness. Staff had access to appropriate training on managing the types of behaviours that may occur in the centre.

Judgment: Compliant

Regulation 8: Protection

The registered provider has taken all reasonable measures to safeguard and protect residents. This was evidenced by the following:

Staff displayed a good level of understanding of the need to ensure residents are safe from harm. Staff were encouraged to be open and accountable in relation to safeguarding with it being discussed at all management and team meetings. Feedback was actively sought from residents about their safety and how able they feel in raising concerns about care practices. Any incidents or allegations of abuse were investigated by the person in charge, and referred to appropriate external agencies, for example the safeguarding and protection team and advocacy services, where required.

Judgment: Compliant

Regulation 9: Residents' rights

Further action is required by the registered provider to provide opportunities for all residents to participate in activities in accordance with their interests and capacities. For example;

- One resident told the inspectors that the activities programme in the centre did not cater for their interests.

Residents' right to exercise choice was not always upheld by the registered provider. For example;

- Each time a resident exited the centre to gain access to the back garden, an alarm sound was triggered to alert staff that a resident had accessed the rear garden. This alarm sound was loud and was observed to interrupt the residents daily activities and quiet time.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kilbarry Care Centre OSV-0008637

Inspection ID: MON-0047199

Date of inspection: 10/07/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Person in Charge (PIC) will ensure that there are always sufficient staff available to meet the assessed care and social needs of all residents. • The PIC will ensure that all staff absences are appropriately covered by suitable staff, either from within the centre or through an agency. • The PIC and management team will closely monitor the roster to ensure that staffing levels are sufficient to enable the provision of safe, effective care and social engagement to maximise health and wellbeing.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The PIC will ensure that residents can access the assisted bathroom in line with regulations, while maintaining a safe environment. Although most residents have expressed a preference for a shower in their own individual en suite shower facilities, the PIC will ensure that all residents are aware of the assisted bathing facility which they can access as required.	
Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: • The PIC and Activities Coordinators will review the schedule and range of activities in consultation with residents to ensure that they align with their expressed preferences and choices. Residents' social and recreational preferences will be reassessed through an activities survey, and the activity programme will be updated accordingly to ensure that residents have ample opportunities to regularly engage in meaningful activities of interest to them. • To support residents' right to safe and dignified access to the garden, the garden gate will be reviewed and its height increased. Once these works are completed, the alarm system will be adjusted so that it does not activate during daytime hours. This will enable residents to access the garden freely without unnecessary disruption to daily life. • The PIC will ensure that residents have unrestricted access to the rear garden so that they can avail of fresh air and exercise. The physiotherapist in the centre will also offer group exercise classes to encourage residents to participate in physical activities. • Feedback on the range and programme of activities will be discussed at resident committee meetings to ensure the programme remains aligned to residents' preferences.	

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(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	30/11/2025
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.	Substantially Compliant	Yellow	30/11/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and	Substantially Compliant	Yellow	31/10/2025

	capacities.			
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	30/11/2025