Health Information and Quality 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:	The Residence Kilkenny
Name of provider:	The Residence KK Limited
Address of centre:	Bohernatounish Road Roundabout, Loughboy, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	04 March 2026
Centre ID:	OSV-0008962
Fieldwork ID:	MON-0046911

About the designated centre

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

The Residence Kilkenny is an 80 bedded, purpose-built Nursing Home and is set in large grounds within a short distance of Kilkenny City Centre, Co Kilkenny. We can provide care for adults who are over the age of 18 years, however primarily we care for those who are over 65. Nursing care can be provided to individuals over 18 years with acquired brain injury regardless of cause, cognitive impairment, a physical or mental condition that limits a person's senses, movements or abilities, persons who experience mental health problems, those experiencing chronic illness, and individuals requiring respite, convalescence or palliative care, pending assessment of care needs prior to admission. The Residence Kilkenny consists of 74 singles bedrooms and 3 twin bedrooms all of which are ensuite. There are nine spacious lounges for residents to relax and enjoy the many in house social activities. Our Kitchen serves a large bright Dining Room, where meals are served and in addition to this we also have a dining hall one on each floor. Wireless Broadband is available in the centre. The residents have access to a beautiful garden.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18

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 4 March 2026	09:30hrs to 17:20hrs	Aisling Coffey	Lead

What residents told us and what inspectors observed

Overall, residents who spoke with the inspector said they were happy and liked living at The Residence Kilkenny. The residents spoken with were complimentary of the centre, describing it as "fantastic" and "out on its own". There was high praise for the staff, with one resident telling the inspector that the staff were "nothing but the best", another saying "they couldn't be nicer", and a third resident telling the inspector that "the people who look after me are lovely". Another resident expressed their appreciation for the kindness shown to them by staff members, telling the inspector, "kindness is better than any medicine". The inspector spoke with some visitors who were similarly complimentary of the staff caring for their loved ones, although one visitor expressed concerns regarding their lack of involvement in the care planning process and how complaints were managed in the centre. These matters were discussed with the person in charge and at the feedback meeting. Overall, the inspector found that staff and management were knowledgeable about residents' needs and that they promoted and respected residents' rights and choices. The inspector also observed numerous compassionate, warm, dignified, and respectful interactions between residents and staff, including management, throughout the inspection day.

This unannounced inspection was conducted by one inspector of social services over one day. During the inspection, the inspector chatted with most residents and spoke in more detail with nine residents and two visitors to gain insight into their lived experiences in the centre. The inspector also spent time observing interactions between staff and residents and reviewing a range of documentation.

The centre is a four-storey building located a short distance from Kilkenny City Centre. The basement floor contained laundry, storage and service areas. Resident accommodation was located on the ground, first, and second floors. There were two passenger lifts to facilitate travel between the floors. However, on the day of inspection, all residents were accommodated on the ground floor.

Bedroom accommodation comprised 74 single and three twin bedrooms. All bedrooms have en-suite facilities, including a shower, toilet, and wash-hand basin. Additionally, residents had access to one accessible bathroom with assisted bathing facilities, located on the ground floor. Residents also had access to a hair and nail salon on the ground floor, with a hairdresser visiting weekly.

Bedroom accommodation included a television, a call bell, a landline phone, a wardrobe with locked storage, and comfortable seating. The occupied bedrooms were personalised with family photographs and items from home, such as paintings, bedding and ornaments. The size and layout of the bedroom accommodation were appropriate for the resident's needs. Suitable curtains were installed on the bedroom windows that faced outside and into the courtyard garden to ensure the privacy and

dignity of residents in their bedrooms. Residents spoken with expressed satisfaction with their accommodation and storage.

The centre was found to be very inviting and pleasantly decorated throughout, creating a comfortable, homely atmosphere. The premises were reviewed by the inspector and were found to be well-maintained and very clean. The centre's design and layout supported residents' movement throughout, with wide corridors, sufficient handrails, and comfortable seating in the various communal areas. These communal areas included a dining room on each floor. There were also nine lounges within the centre, three on the ground floor, four on the first floor, and two on the second floor. On the inspection day, residents were seen occupying the ground-floor Butterslip Lane Lounge, the Gowran Lounge and the dining room.

Regarding outdoor space, the centre had unrestricted access to a secure internal garden and further outdoor space at the back of the centre. These areas were clean, tidy and pleasantly landscaped, with comfortable outdoor furniture for residents to use.

There was an on-site laundry service that laundered residents' personal clothing. This area was observed to be very clean and tidy, and its layout supported the functional separation of the clean and dirty phases of the laundering process.

Residents could receive visitors in the centre, across the multiple communal areas, or in the privacy of their bedrooms. Families were observed visiting their loved ones during the inspection day. Residents and visitors confirmed there were no restrictions on visiting and that visitors felt very welcome in the centre.

Upon arrival at the centre at 09:30am, the inspector observed that seven of the 18 residents were in bed. Those residents who were awake were relaxing in the lounge areas, while others were receiving breakfast in the dining room. The inspector observed a selection of breakfast options for residents, including continental and cooked options. Later that morning, some residents watched mass on television while the activity staff member engaged with residents who had remained in bed on a one-to-one basis. After mass, mid-morning refreshments were served at 11:00am. Soup, fruit, yoghurt, cakes, and biscuits were on offer. At 11:15am, two transition year students attended the centre and engaged in an art programme with the residents in Butterslip Lane Lounge, while two residents watched a hurling match in the Gowran Lounge. In the afternoon, there was further activity in the Butterslip Lane Lounge, with exercises at 2:00pm, followed by games and a quiz at 3:00pm.

Lunchtime was a sociable, relaxed experience, with most residents choosing to eat in the dining room. Meals were freshly prepared in the centre's kitchen and were plated for residents by the chef. Residents were offered two main courses: breaded chicken or beef and vegetable pie. There were also two dessert options available after the main meal: lemon meringue pie or jelly and ice cream. Residents were observed being offered a choice of main meal and dessert. The food served appeared nutritious and appetising. There were ample drinks available for residents at mealtimes and throughout the day. Staff provided discreet and respectful assistance to residents who required it. The majority of residents spoke positively to

the inspector about food quality, quantity and variety; however, two residents raised concerns regarding the temperature at which the food was sometimes served. The provider was aware of this feedback and had logged the matter as a complaint.

The following two sections of the report present the findings of this inspection regarding the centre's governance and management arrangements and how these arrangements impacted 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

This was a well-run centre with strong management systems to monitor the quality of care and support provided to residents. It was evident that the centre's management and staff focused on providing quality services to residents and promoting their well-being.

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and review the registered provider's compliance plan from the previous inspection of 09 July 2025. The registered provider progressed with the compliance plan in areas related to premises, governance and management.

The Residence KK Limited is the registered provider. This centre is part of the Emeis Ireland nursing homes group that owns and manages a number of designated centres in Ireland. This company has four directors, one of whom is the chief executive officer. This company director participated in a feedback meeting at the end of the inspection day.

Since the previous inspection, there has been a change in the governance and management structure within the centre, with a change in the person in charge. The newly appointed person in charge met the regulatory requirements for the role.

There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge is responsible for the centre's day-to-day operations and reports to the regional director, who in turn reports to the chief executive officer. This regional director is one of two persons participating in management. These are senior personnel who support the person in charge in their operational management and clinical oversight of the centre. The regional director arrived on-site to support the inspection process and participated in the feedback meeting at the end of the inspection day.

The person in charge worked full-time and was supported in their management of the centre by an assistant director of nursing, a clinical nurse manager, a team of

staff nurses, healthcare assistants, an activities coordinator, administration, catering, household and maintenance staff. The assistant director of nursing deputised for the person in charge, and this arrangement was observed on arrival at the centre, as the person in charge was on scheduled leave but attended later in the morning to support the inspection process.

The registered provider had systems in place to monitor the quality and safety of care. There was documentary evidence of the communication systems in place between the registered provider and management within the centre. Minutes of monthly clinical and corporate governance meetings were reviewed. These meetings discussed key aspects of care provision for residents, including premises, facilities, staffing, housekeeping, catering, incidents and clinical matters. Within the centre, there was evidence of regular staff meetings focusing on key aspects of quality and safety, including incidents, audits, safeguarding and clinical care. Records also found that the provider had established several staff committees examining matters including falls reduction, food and nutrition, infection control, and restrictive practices.

The provider had systems to oversee accidents and incidents within the centre. A risk register was used to monitor and manage known risks. There was regular auditing across multiple areas, including, for example, manual handling and call bell response times. The provider undertook robust tracking and trending of falls, pressure ulcer development and wound care, malnutrition and medication errors. Records reviewed found that such incidents had been thoroughly analysed to identify causal and contributory factors, and action plans were developed to reduce the likelihood of recurrence within the centre and to promote the safety and welfare of the individual residents affected.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2025. The inspector saw evidence of the consultation with residents and families reflected in the review. In this review, the registered provider also identified areas requiring improvement.

The provider displayed the complaints procedure prominently in the reception area and in the bedroom corridors. The centre had an up-to-date complaints management policy. Information posters on advocacy services to help residents make complaints were also displayed. Residents and families said they could raise a complaint with any staff member and were confident they could do so if necessary. Staff were knowledgeable about the centre's complaints procedure. The complaints officer and review officer had undertaken training in complaints management. The provider had an electronic system for recording complaints received, how they were managed, and the outcome for the complainant. While acknowledging these measures, the inspector identified some gaps in complaint management practices, which will be discussed under Regulation 34: Complaints procedure and Regulation 23: Governance and management.

Regulation 14: Persons in charge

The person in charge meets the regulatory requirements. They are an experienced registered nurse with previous management experience and post-registration management qualifications. The person in charge demonstrated good knowledge and understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

Based on a review of the worked and planned rosters and on speaking with residents, it was evident that there was sufficient staff with an appropriate skill mix on duty each day to meet the residents' assessed needs. One registered nurse worked in the centre at night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Records made available to the inspector indicated that staff members were up to date with mandatory training in fire safety, infection control, managing challenging behaviour, and safeguarding vulnerable adults from abuse.

Staff were appropriately supervised and clear about their roles and responsibilities.

Judgment: Compliant

Regulation 23: Governance and management

While the registered provider had several assurance systems in place to monitor the quality and safety of the service provided, further review of some systems was required to ensure that practices were guided by, and fully aligned with, the provider's policies. For example, the provider had not nominated a suitable person to investigate a complaint, who was not the subject matter of the complaint. Additionally, further oversight was required to ensure that the processes in place to manage the use of restraint were implemented in practice and aligned to policy.

Judgment: Substantially compliant

Regulation 30: Volunteers

There were no volunteers in the centre at the time of inspection. The management team was aware that volunteers should have their roles and responsibilities set out in writing, undergo a vetting disclosure, and receive supervision and support.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on a review of the centre's records, assurance was provided that all required notifications had been submitted within the required timelines.

Judgment: Compliant

Regulation 34: Complaints procedure

Some action was required to ensure compliance with the regulation, for example, two complaints raised by residents at the residents' committee meeting of 24/02/2026 regarding food temperature had been recorded on the provider's electronic records management system; however no actions taken on foot of the complaint were documented in line with the requirements of the regulation and within the timescales set out in the provider's complaints policy.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents had a good quality of life, with their human rights promoted and their lives unrestricted, according to their interests and capabilities. Residents' needs were met through comprehensive assessment, care planning and access to healthcare services. Residents told the inspectors they felt safe and happy living in the centre, and staff were knowledgeable about their role in responding to abuse. Staff were observed speaking with residents in a kind and respectful manner

and knowing their needs well. The premises were well maintained, and the provider had robust medication management practices.

There was an emphasis on promoting a restraint-free environment, and restraint use in the centre was low. Residents were seen strolling the premises without restriction. The inspector found that residents predisposed to episodes 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) had person-centred care plans in place to support staff in responding compassionately and empathetically. Records reviewed found that behaviour observation charts, such as antecedent, behaviour, and consequence charts, were also being used to understand the behaviour. The reviewed documentation was person-centred and described behaviours, potential triggers, and de-escalation techniques to guide staff in safe care delivery. This allowed staff to provide person-centred care to the person and avoid an escalation that might require the use of restrictive practices. The provider had a training programme in place to ensure all staff had up-to-date knowledge and skills appropriate to their role in responding to and managing challenging behaviour. While acknowledging these good practices, some further action was required to ensure that all alternative interventions were considered and deemed inappropriate before a decision on an episode of restraint was taken. These matters are discussed under Regulation 7: Managing behaviour that is challenging.

Regulation 13: End of life

A resident approaching the end of life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. The resident's religious preferences were respected. The resident's family were informed of their condition in accordance with the resident's wishes and were permitted to be with the resident at the end of their lives. The resident's preferred location for care and comfort at the end of life was facilitated.

Judgment: Compliant

Regulation 17: Premises

The premises' design and layout met residents' needs. The centre was found to be inviting and pleasantly decorated, providing a homely atmosphere. The centre had a well-maintained internal courtyard garden and a second, similarly maintained outdoor area. There were multiple comfortable and pleasant communal areas for residents and visitors to enjoy.

Judgment: Compliant

Regulation 18: Food and nutrition

Overall, residents were complimentary regarding food, snacks, and drinks. Food was prepared and cooked onsite. Choice was offered at all mealtimes, and adequate quantities of food were provided during the inspection day. Residents had access to fresh drinking water and other refreshments throughout the day. There was adequate supervision and discreet, respectful assistance at mealtimes. There was evidence of written communication between the nursing and catering teams to ensure that the dietary needs of each resident, as prescribed by healthcare or dietetic staff, were met.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had ensured that a pharmacist was available to each resident. The person in charge had facilitated the pharmacist in meeting their obligations, and records reviewed found that the pharmacist had conducted a recent audit of medication management practices in the centre. Medication administration was observed, and the inspector found that the staff had adopted a person-centred approach. The records reviewed indicated that medicines were administered in accordance with the prescriber's directions. There were robust measures in place for the handling and storage of controlled drugs in accordance with current guidelines and legislation. There were appropriate procedures for handling and disposing of unused and out-of-date medicines. The inspector noted that the medication trolley was secured at all times.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of electronic nursing notes and care plans for residents. There was evidence that residents were comprehensively assessed upon admission using a suite of evidence-based risk assessment tools to evaluate risks, including falls, pressure sore development, malnutrition, manual handling needs, and dependency levels. Care plans were developed based on these assessment tools. The care plans viewed by the inspector were person-centred and specific to that resident's needs. Care plans were reviewed at required intervals, and there was

evidence of consultation with the resident and, where appropriate, their family during these reviews.

Judgment: Compliant

Regulation 6: Health care

The health of residents was promoted through ongoing medical reviews and access to a range of external community and outpatient-based healthcare providers, including physiotherapists, dietitians, speech and language therapists, and palliative care services. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Some action was required to ensure that the centre's usage of restraint was always in accordance with national policy, published by the Department of Health and the centre's restraint policy. These policies required that consideration of all alternative interventions must be explored and deemed inappropriate before a decision on an episode of restraint may be taken. In a review of three residents' records, there were two instances in which no documented evidence showed that alternatives had been trialled before the restrictive device was used.

Judgment: Substantially compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Staff were subject to An Garda Síochána (police) vetting before commencing employment in the centre.

Safeguarding training was provided, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse.

From the records seen, it was clear that the person in charge had provided a robust and person-centred response when investigating and responding to allegations of abuse concerning residents.

While the provider did not act as a pension agent for any resident, the provider held small amounts of cash in safekeeping for two residents. Records reviewed found that the provider had a transparent system in place, with all cash lodgements and withdrawals signed by two staff members.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that residents' rights were upheld in the centre. Staff were respectful and courteous towards residents. Residents' privacy and dignity were respected. The centre had monthly religious services on-site.

Residents had access to radio, television and newspapers throughout the centre. Residents could communicate freely, having access to telephones and internet services throughout the centre.

Residents had facilities for occupation and recreation, as well as opportunities to participate in activities in accordance with their interests and capacities. The activities programme was supplemented with regular themed events, such as Christmas, St Valentine's and a forthcoming St Patrick's Day party. The provider facilitated residents' access to community groups, including local schools and the mobile library.

Residents had the opportunity to be consulted about and to participate in the organisation of the designated centre through regular residents' meetings and completing residents' questionnaires. Residents also had access to independent advocacy services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	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	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Residence Kilkenny OSV-0008962

Inspection ID: MON-0046911

Date of inspection: 04/03/2026

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: • From 1st April 2026, the Registered Provider will ensure that an independent complaints officer will be nominated to investigate complaints if the complaints officer is the subject matter of the complaint. • This will be monitored monthly by the RD and reviewed at Clinical Governance. • A thorough review of the records for the three residents in question will be conducted by May 31st 2026 to identify the specific instances where alternatives to restraint were not documented. This review will focus on ensuring that all relevant information is captured accurately. • By 31st May 2026, all staff will be reminded of the importance of exploring all alternative interventions before the implementation of any restrictive practice. This training will also emphasise the need to document the rationale for restraint use and the exploration of alternatives and evaluation of their effectiveness. • The actions will be reviewed Monthly by the RD at Clinical Governance.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: • From 1st April 2026, the PIC will ensure that all complaints raised by residents are accurately recorded in the electronic records management system, including details of the complaints and the date they were raised, even if these complaints are immediately	

addressed and resolved to the complainants' satisfaction.
• From 1st April 2026, a thorough investigation into complaints to determine the root cause will be completed in line with the requirements of the regulation and within the timescales set out in the agreed policy.
• This will be monitored monthly by the RD and reviewed at Clinical Governance.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

• A thorough review of the records for the three residents in question will be conducted by May 31st 2026 to identify the specific instances where alternatives to restraint were not documented. This review will focus on ensuring that all relevant information is captured accurately.
• By 31st May 2026, all staff will be reminded of the importance of exploring all alternative interventions before the implementation of any restrictive practice. This training will also emphasise the need to document the rationale for restraint use and the exploration of alternatives and evaluation of their effectiveness.
• The actions will be reviewed Monthly by the RD at Clinical Governance.

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 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/05/2026
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's	Substantially Compliant	Yellow	30/04/2026

	individual care plan.			
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	31/05/2026