



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

Issued by the Chief Inspector

Name of designated centre:	Millbrae Lodge Nursing Home
Name of provider:	Millbrae Lodge Nursing Home Limited
Address of centre:	Newport, Tipperary
Type of inspection:	Announced
Date of inspection:	06 November 2024
Centre ID:	OSV-0000419
Fieldwork ID:	MON-0038090

About the designated centre

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

Millbrae Lodge is a purpose-built two-storey nursing home that provides 24-hour nursing care. It can accommodate up to 81 residents both male and female over the age of 18 years. It is located in a rural area close to the village of Newport. It provides short and long-term care primarily to older persons. Accommodation is provided in three units on both floors. There is a lift provided between floors. The first floor mostly caters for residents with low-to-moderate care needs including residents requiring respite and convalescence care. The ground floor caters for people requiring a higher level of care due to their physical and or mental condition. There is a separate secure special care unit that accommodates 15 residents who need a smaller, more secure unit due to their cognitive impairment. There is a variety of communal day spaces provided on all floors including dining rooms, day rooms, oratory, smoking rooms and activities room. Residents also have access to two secure enclosed garden areas. The centre can accommodate residents who require naso-gastric feeding and with tracheotomy tubes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	75
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 6 November 2024	09:30hrs to 17:00hrs	John Greaney	Lead
Thursday 7 November 2024	09:00hrs to 16:00hrs	John Greaney	Lead

What residents told us and what inspectors observed

This was an announced inspection which took place over two days. Over the course of the inspection the inspector spoke with residents, staff and visitors to gain insight into the lived experience for residents in Millbrae Lodge Nursing Home. The inspector spent time observing the residents daily life in the centre in order to understand the lived experience of the residents. The inspector spoke in detail with nine residents and 5 visitors. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared to be content, appropriately dressed and well-groomed.

Millbrae Lodge Nursing Home is a modern purpose built facility that is registered to accommodate 81 residents in 59 single bedrooms and 11 twin bedrooms, all of which have en suite facilities. It is a two storey building with bedroom accommodation and communal space on both floors. Bedroom accommodation in the main section of the ground floor comprises thirty single and four twin rooms. There is also a dementia specific wing on the ground floor, called the Special Care Unit, that has eleven single and two twin rooms. Bedroom accommodation on the first floor comprises eighteen single and five twin rooms. Residents' bedrooms were clean, bright and personalised. There was adequate space for residents to store their personal items. Some residents had personalised their bedroom with family photographs and various memorabilia.

The premises were generally clean, brightly furnished and decorated to a high standard throughout. Ancillary rooms such as sluice rooms and housekeeping rooms were clean and tidy. There were clinical hand wash sinks situated at suitable locations throughout the premises. These complied with relevant infection prevention and control standards. Splash backs had been installed since the last inspection.

On the initial walk around of the centre the inspector noted that two rooms that were listed on the floor plans as communal rooms had signage indicating that their function had changed. The visitors room was now called the "Functional Room" and was designated for use by allied health services, when they were on site. The quiet room was now called the "Conference Room" and was furnished in a manner that was more suitable for meetings rather than where a resident might wish to relax, away from the day to day activity of the main communal rooms. The provider committed to returning the rooms to their initial function.

The main communal areas on both the ground and first floors are open-plan dining and sitting rooms and this is where most residents spent their day. Residents are given the option of having their breakfast in the dining room or in their bedrooms. The inspector observed some residents having their breakfast in the dining area over the course of both mornings, however, most residents had their breakfast in

their bedrooms. Residents in the Special Care Unit have their own sitting and dining space, which is also open-plan.

The walls on the corridors in the Special Care Unit had large murals of shop fronts creating a village effect. The doors to each bedroom had brightly coloured laminate attached providing a front door effect. This all contributed to a homely environment. There were no hand rails on large sections of the corridors in the unit, to support residents with a mobility impairment. These had been removed when the murals were put in place and had not been replaced afterwards. The provider committed to replacing these immediately following the inspection. There were also a large number of picture hooks attached to the walls. These had been painted over when the pictures were removed and detracted from the aesthetics of the environment.

There is a large secure outdoor area accessible from the main corridors, allowing residents to go outside on their own or with the support of staff. The courtyard had level paving, suitable garden furniture and large potted plants. There is a designated smoking hut that had suitable fire fighting equipment and call bell for residents to request assistance, when required. There is also a smaller secure outdoor space accessible from the special care unit. This area is bright, landscaped to a high standard with raised plan beds and has suitable garden furniture. The inspector was informed that this was intended to be a sensory garden. There is a boiler room located close to this area and there was a constant noise emanating from the boiler, which negatively impacts the intended purpose of the garden.

Over the course of the day, the inspector visited residents in various areas of the centre. The inspector also spoke with some visitors. The feedback from both residents and visitors was overwhelmingly positive. One resident said that "staff are very good and do their best". Another resident commented that "the food is very good, not Michelin star but good". Visitors spoken with were very happy with the care their relatives received, with one visitor saying the staff "are saints". The inspector did notice on visiting residents in their bedrooms that some residents did not have their call bell placed where they could access it and hence would be unable to call for assistance.

The inspector observed group activities on the day of the inspection. These were predominantly facilitated by an activity coordinator. There was a music session in the afternoon which was provided by one of the residents. A large number of residents were seen to enjoy this in the ground floor sitting room. While group activities were underway on one floor, large numbers of residents were seen to be left with minimal stimulation in the other floor, other than the television.

The inspector observed the residents 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 over the course of the inspection. It was evident that residents had good relationships with staff and residents had built up friendships with each other. There were many occasions throughout the days of inspection in which the inspector observed laughter and banter between staff and residents.

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

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013). The inspector found that there are established governance and management systems in place to support the oversight of quality and safety of care delivered to residents. Further work was required to ensure that the provision of contracts of care to residents was fully aligned to requirements of the regulations.

Millbrae Lodge Nursing Home is a privately owned nursing home. The registered provider is Millbrae Lodge Nursing Home Limited, a company comprising four directors. The centre is part of a large group of nursing homes, under the umbrella of "Emeis Ireland". There are centralised support structures across the organisation to support the centres with issues such as human resources, training, finance and quality. The senior management team include a Chief Executive Officer, a Chief Operating Officer, a Regional Director, Associate Regional Director and the person in charge.

There was a clearly defined management structure in place with identified lines of accountability and authority. The person in charge works full-time in the centre and reports directly to the regional director. The person in charge is supported by two assistant directors of nursing (ADON) who work in a wholly supernumerary capacity. Clinical support and supervision is provided by two clinical nurse managers (CNMs), registered nurses and healthcare assistants. A team of support services staff including catering, domestic and maintenance staff were in place to support the non-clinical services in the centre.

The annual audit schedule indicated regular audits were taking place in areas such as infection control, medication management and care planning. Issues identified for improvement through the audit process were addressed in a timely manner. The provider ensured that an annual review of the quality and safety of care provided to residents in 2023 was completed, in line with the requirements of the regulations. Action was required in relation to changing the function of two communal rooms and this is detailed further under Regulation 23 of this report.

There were 75 residents living in the centre on the day of inspection and six vacancies. The inspector observed that staffing levels on the day of the inspection were sufficient to meet the assessed needs and dependencies of residents. Staff who spoke with the inspector demonstrated an understanding of their roles and responsibilities. There was a training programme in place for staff, which included

mandatory training and other areas to support provision of quality care. Staff demonstrated an appropriate knowledge of residents needs.

While there were contracts of care in place for residents, the inspector found that clarity was required in relation to what was covered by the fees. This is outlined under Regulation 24 of the report.

Residents' complaints were listened to and investigated, and complainants were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to if required

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents in line with the statement of purpose. There was sufficient nursing staff on duty at all times, and they were supported by a team of health care staff. The staffing compliment also included catering, housekeeping, administrative and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

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

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents in the designated centre that included all of the information specified in the regulations.

Judgment: Compliant

Regulation 21: Records

While most of the requirements of Schedule 2 of the Regulations were in place, of a sample of four personnel files reviewed, there were gaps in the employment history of one staff member for which a satisfactory explanation was not recorded.

Judgment: Substantially compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, care planning, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Action was required in relation to the contract of care to ensure that the services provided and fees to be charged were adequately outlined. For example:

- in addition to the weekly fee, there was a fee for additional services. The contract did not specify what these additional services were as required by the regulations
- a review of a sample of contracts found that, even though the contract was signed by the resident, the weekly fee was not stated in the contract

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Residents spoken with stated that they could raise issues with staff and that issues would be dealt with in a timely manner. The complaints log was reviewed and indicated that formal complaints were recorded in line with the regulations.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Millbrae Lodge Nursing Home. Residents spoke positively about the care and attention they received. Notwithstanding the positive findings, action was required in relation to the premises, assessment and care planning and residents' rights. These areas will be discussed further under the relevant regulations.

Residents had access to medical care and records demonstrated that referral systems were in place for residents to access allied health and social care professionals, such as dietitians, tissue viability specialists, and speech and language therapists, for additional support and expertise. A physiotherapist attended the centre on four days each week. Residents were comprehensively assessed on admission using evidence-based assessment tools. The outcome of the assessments informed the development of care plans. However, there were mixed findings with care planning which is further discussed under Regulation 5, Individual assessment and care plan.

Residents were supported to continue to practice their religious faiths and had access to newspapers, radios and televisions. Information and contact details of advocacy services were displayed. Residents were supported to access advocacy services when appropriate.

The management of fire safety was kept under review and there were arrangements in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. Records demonstrated that management carried out daily checks of means of escape to ensure they were not obstructed, and weekly checks to ensure that equipment was accessible and functioning. Staff had received fire safety training.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be clean, well-lit and warm. Residents' bedroom accommodation was bright and individually personalised and residents had sufficient storage space for their

personal possessions. Some areas for improvement were required in relation to the premises and these are outlined further under Regulation 17 of the report.

There were arrangements in place for residents to access advocacy services. Records demonstrated that resident meetings were convened and that there was discussion around various topics including services, food, and activities. Residents spoken with were complimentary of the staff and the care they provided. There was a staff member assigned to provide activities and the schedule of activities included exercise programmes, art, and music. The programme of activities required review to ensure that activities were facilitated for residents in all areas of the centre throughout the day. this is outlined under Regulation 9 of this report.

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. The inspector saw that residents could receive visitors in their bedrooms or in a number of communal rooms. Visitors spoken with by the inspector were complimentary of the care provided to residents and of the responsiveness of staff to any queries they may have.

Regulation 11: Visits

The inspector observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had suitable private visiting areas for residents to receive a visitor, if required.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

Regulation 17: Premises

The premises were generally laid out to meet the needs of residents and complied with the requirements of Schedule 6 of the Regulations. However, some improvements were required. For example:

- hand rails had been removed in large sections of the corridors in the dementia unit, which could potentially impact on residents with a mobility impairment to mobilise around the unit
- there were picture hooks on some corridors that had been painted over rather than being removed when the pictures were taken down.

The inspector found that two communal rooms, the visitors' room and the quiet room, had been re-designated as a "Functional Suite" and a "Conference Room" respectively. This reduces the communal space available to residents and is not in accordance with the floor plans and statement of purpose against which the centre is registered.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included weekly and monthly weights, and timely referral to dietetic and speech and language services to ensure best outcomes for residents. A varied menu was available daily, providing a choice to all residents including those on a modified consistency diet.

Judgment: Compliant

Regulation 27: Infection control

The provider had processes to manage and oversee infection prevention and control practices within the centre. The centre had an infection control link nurse providing specialist expertise and in-house training. Surveillance of healthcare-associated infections, multi-drug resistant organism colonisation and the volume of antibiotic use were undertaken and recorded. Colour-coded mop and cloth systems were operating to clean various areas within the centre.

Judgment: Compliant

Regulation 28: Fire precautions

All staff had completed fire training in the centre. There was evidence of an on-going schedule for fire safety training. Effective systems were in place for the preventive maintenance of the fire detection, alarm systems, and emergency

lighting. Fire drills were conducted on a regular basis. Fire drills records mostly detailed the number of residents evacuated, how long the evacuation took, and learning identified to inform future drills. The provider was requested to monitor fire drill records as some of the recent records lacked the level of detail of fire drill records conducted earlier in the year. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. All fire safety equipment service records were up to date. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. The PEEP's identified the different evacuation methods applicable to individual residents and supervision required at the assembly area.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Some action was required in individual assessment and care planning to ensure that residents' documentation reflected their care requirements and accurately directed care delivery. For example:

- the care plan for a resident with an indwelling urethral catheter did not detail the regimen for catheter care described to the inspector by nursing staff
- the care plan for a resident with responsive behaviour did not reflect the presentation of the behaviour or the distraction techniques that were effective in supporting the resident
- the care plan for a resident that sustained an injury following a fall was not updated to reflect the changed mobility status of the resident or the advice received for care of the injured limb

Judgment: Substantially compliant

Regulation 6: Health care

Records reviewed showed that residents received a high standard of evidence-based nursing care and there was good oversight of residents' clinical care by management. Residents had timely access General Practitioner (GP) services, including out of hours. Residents were also supported with referral pathways to access allied health and social care professionals such as a dietetics, speech and language therapy and chiropody, as required. A physiotherapist attended the centre four days per week and there was also functional assistant on site five days a week to support residents carry out exercises prescribed by the physiotherapist. There was a low incidence of pressure ulcer development in the centre and wound care practices were seen to be in line with evidence-based nursing care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre were focusing on moving towards a restraint free environment. Where restraint was used the inspector found residents were assessed appropriately and it was used in line with national policy. Staff were up-to-date with training in responsive behaviours. The inspector observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Judgment: Compliant

Regulation 9: Residents' rights

Action was required in relation to the provision of activities for residents. For example, activities were predominantly facilitated by activity coordinators, of which there was one on duty each day over seven days of the week. It was noted that while activities were underway in one part of the centre, residents in other areas of the centre had limited stimulation, other than the television.

The inspector observed that a number of residents did not have the call bell placed within their reach while they were in their bedrooms. These were predominantly residents with a mobility impairment and would therefore not be able to alert staff should they require assistance.

The provider was requested to ensure that residents' photographs would not be used in public forums, such as on social media, without the explicit permission of residents or their representatives.

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 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Millbrae Lodge Nursing Home OSV-0000419

Inspection ID: MON-0038090

Date of inspection: 07/11/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: A full review of HR files was completed following the inspection. There was no additional gaps identified. The single file with the identified gap was addressed on the day of Inspection. Completed 1/12/2024</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Following inspection, all Contracts of Care were reviewed to confirm they identify the weekly fee to be paid by the resident. Completed 1/12/2024.</p> <p>All residents received a letter on the additional services provided under the service fee. Completed by 1/12/24</p> <p>A new Contract of Care is currently under review and will be implemented by the 31st of January 2025. This contract shows clearly the weekly fee due as well as what the additional service charge covers.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The handrail that was removed to allow the new wall decal to be added was re-installed in place on the day of inspection-complete</p>	

A full review of the additional wall picture hooks will be completed by the 10/1/2025 and removed.

By the 31/1/2025 both rooms at the front of the home will be set up as outlined in the Statement of Purpose, as the visitors room and the quiet room, to ensure they remain available for resident communal space.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

By the 31/1/2025, all care plans will be reviewed and updated to ensure they identify all residents assessed care needs and the actions required to support the resident. This includes catheter care, responsive behaviors, falls prevention as well as post fall interventions.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

A full review of the activity program is underway to ensure that planned activities are available in all units and completed by the supervising care staff in collaboration with the activity team. This will be completed and implemented by the 13/1/2025.

By the 31/1/2025, all staff will receive in-house training to ensure they are aware of the importance of leaving the bell close by the resident when in their room.

Following inspection it was agreed that that residents' photographs would not be used in public forums, such as on social media, without the explicit consent of residents or their representatives-complete

By 31st March 2025, a revised consent policy will be in place, supporting staff to ensure that resident consent is obtained as required.

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	31/01/2025
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	07/11/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Substantially Compliant	Yellow	01/12/2024

	designated centre and are available for inspection by the Chief Inspector.			
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Substantially Compliant	Yellow	01/12/2024
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	31/01/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate	Substantially Compliant	Yellow	31/01/2025

	that resident's family.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	13/01/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/01/2025