



**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:	Raheny Community Nursing Unit
Name of provider:	Beaumont Hospital
Address of centre:	St. Joseph's Hospital Campus, Springdale Road, Raheny, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	17 September 2025
Centre ID:	OSV-0000704
Fieldwork ID:	MON-0038839

About the designated centre

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

The designated centre is located on the St Joseph's Hospital Campus and is close to local shops and amenities. The designated centre is under the management of Beaumont Hospital. The centre provides care and accommodation for 100 residents predominantly over the age of 65 years. Accommodation is divided into four units with 25 beds in each in a two storey purpose built building. There are two passenger service lifts between floors. Bedroom accommodation consists of a mixture of multi-occupancy, twin and single rooms, most of which overlook landscaped garden areas and internal courtyard gardens. There are communal lounges and dining areas available on each floor. Snacks and drinks are served from the pantry kitchens on the units. Main meals are prepared in the main campus kitchen. Care is provided by a team of nurses and care assistants, overseen by the Person in Charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	96
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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 17 September 2025	08:20hrs to 16:45hrs	Sarah Armstrong	Lead
Wednesday 17 September 2025	08:20hrs to 16:45hrs	Laurena Guinan	Support

What residents told us and what inspectors observed

On the day of inspection, inspectors observed that the residents living in Raheny Community Nursing Unit were, for the most part, supported to enjoy a good quality life. Inspectors observed that staff treated residents with kindness, compassion and warmth in their interactions, and staff and residents were seen to know each other well. The inspectors spoke with a number of residents and visitors on the day of inspection and whilst the majority of feedback was positive, particularly in relation to the staff, there was mixed reviews communicated to inspectors in respect of opportunities for activities and the food provided.

Following an introductory meeting with the person in charge and director of nursing, the inspectors completed a walk around the centre accompanied by the person in charge. During the walk around, inspectors observed there to be a relaxed atmosphere in the centre. Some residents were up and dressed, already going about their day, whilst others who wished to sleep longer into the morning were still in their beds, a choice which staff respected. The centre was tastefully decorated throughout, with eye-catching artwork to help residents orientate themselves. For example, on one corridor there was a colourful mural of the local Dublin Bus stop, which was situated beside an on-corridor bench where residents could sit and relax. In another area, there was a large, wall-mounted ceramic clothes line which contained familiar items of clothing including a Dublin GAA jersey with seagulls resting on the line. Residents had unrestricted access to outdoor courtyards and balconies which were accessed from conservatories. The conservatories were quiet spaces which functioned also as libraries, and contained comfortable seating for residents and a selection of books for those who enjoyed reading. Menus outlining the food options for meals and snacks were on display and were also available in pictorial form for residents who had difficulty reading or verbalising what they wished to eat.

Residents who spoke with the inspectors all provided positive feedback about the staff who supported them. One resident told inspectors "the staff here are very nice people" and another said "we are very well looked after, I cannot complain". Residents also told inspectors that they liked their bedrooms and that they felt safe living in the centre. However, residents' feedback in relation to other aspects of the service was mixed, particularly in relation to the availability of activities. On the day of inspection, inspectors observed residents had good access to activities aligned to their interests and capacities, including arts and crafts, a sing along with a live singer, exercises and visits from a therapy dog. However, some residents told inspectors that they did not have the same opportunities for activities on weekends. One resident told the inspectors "the weekends here are very slow. Unless you have someone that comes in to visit you there isn't anything to do". Another resident said that they would like to go outside more or go to the shops from time to time, adding "I sometimes feel I am in a goldfish bowl and the only ones that can get in and out are the staff". The inspectors observed weekly activities schedules displayed around the centre for residents and these identified that there was limited access to

meaningful activities on weekends. Another resident told inspectors that whilst they were always given a choice at mealtimes, the food options could sometimes be repetitive, whilst another resident said that at times the quality of food "could be better".

Inspectors observed the mealtime experience for residents and found that there was plenty of staff available to assist and supervise residents on the day of inspection. Residents were offered a choice of sausage, beans and mashed potato, salmon pasta or steamed chicken and vegetables for their meal. While residents were observed to be offered choice of meals, inspectors observed that the majority of residents in the dining spaces were wearing disposable aprons. Residents who spoke with inspectors did not understand why they were wearing the aprons and it appeared to inspectors that this was a staff practice across the centre. Some residents required staff to assist them with their meals, and where this was the case, staff were observed to be providing discreet and gentle support to the residents in a kind and dignified manner.

There were a number of information boards available around the centre, which contained information for residents, visitors and for staff. The centre's complaints policy was clearly displayed in prominent locations, along with information about advocacy supports and protecting vulnerable people from abuse.

Inspectors also spoke with members of the staff team. Staff told inspectors that they were well supported in their roles by access to a broad range of training, a detailed induction programme and by a supportive management team.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered to residents.

Capacity and capability

This was an unannounced inspection carried out by two inspectors of social services to monitor the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors followed up on statutory notifications received since the last inspection held in November 2024, and the provider's progress with the completion of the compliance plan from the previous inspection. Inspectors found that all actions committed to in the compliance plan had been completed by the registered provider.

The registered provider of Raheny Community Nursing Unit is Beaumont Hospital. The management structure in place was well defined. The person in charge was reporting to the Director of Nursing and was supported in their role by a team of staff nurses and health care assistants. Activities staff, catering, housekeeping,

maintenance and administrative staff made up the remainder of the staff compliment.

Overall, inspectors found that there were some improvements required in respect of the oversight and management processes to ensure that the service provided to residents' was safe, appropriate, consistent and effectively monitored.

On the day of inspection, there was sufficient staff on duty to promptly meet the needs of residents. The atmosphere was calm and relaxed and inspectors observed that residents' call bells were responded to in a timely manner by staff. Residents and visitors spoke highly of the staff working in the centre and there was sufficient staff available to ensure the continuous supervision of communal spaces throughout the day. All interactions between staff and residents were kind and considerate and it was evident that the staff had a good knowledge of the residents and their individual requirements. Residents were observed participating in meaningful activities throughout the day of the inspection. However, feedback from residents indicated that on weekends, there was limited access to activities as the staff who organised activities did not work on Saturdays and Sundays. Some residents also told the inspectors that at times they felt the staff were "busy" and "staff have their own jobs to do", particularly in the mornings and that occasionally they were left waiting for assistance.

Inspectors found that staff were supported in their roles by access to a suite of training programmes which were delivered both in person and online. There was good compliance with mandatory trainings including fire safety and safeguarding amongst staff, with some minor gaps being explained by staff having only recently commenced employment. Where this was the case, dates had already been scheduled in the near future for those staff to complete the outstanding trainings.

Notwithstanding the training provided for staff, further oversight of staff practices was required. For example, staff were observed placing disposable aprons on the majority of residents at meal times. When inspectors asked residents if they had consented to the aprons, residents responded that staff "just put them on us - I don't really know why. I suppose it is to save our clothes". This type of practice is not in line with a rights-based approach to care. In addition, further oversight was required to ensure that residents received appropriate opportunities to participate in meaningful activities on weekends. These findings are discussed further under Regulation 16: Training and staff development.

A sample of staff files were reviewed and there was a detailed induction and probation programme in place for staff commencing employment. Staff who spoke with inspectors expressed feeling supported in their roles by their peers and by the management team. All staff had valid Garda vetting in place which was secured prior to them commencing their employment in the centre. However, staff files did not contain all the requirements of Schedule 2 of the regulations and these are described under Regulation 21: Records.

Regulation 15: Staffing

The registered provider had not ensured that the number and skill mix of staff was always appropriate to meet the needs of residents. This was evidenced by the following;

- There was no dedicated activities staff rostered on duty over the weekends. While health care assistants were assigned to cover activities on Saturdays and Sundays, they were not solely working in the capacity of facilitating residents' activities which impacted on the quality of residents' social care experience during those times.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role and good levels of compliance with mandatory trainings was noted by the inspectors, however, the oversight of staff practices required improvement. For example;

- Poor supervision of staff on weekends to ensure that activities were carried out in the absence of the activities coordinator meant that residents did not engage in meaningful activities at weekends.
- Staff were observed placing disposable aprons on the majority of residents at meal times without consent or understanding by residents as to why they were wearing them
- Temperature checks were being carried out in clinical rooms of both medication fridges and the room temperatures. There were a number of occasions where temperatures were outside of the appropriate parameters with no actions being taken by staff to remedy the problem
- Medication presses were left unlocked

Judgment: Substantially compliant

Regulation 21: Records

Staff files provided to the inspectors did not meet all requirements of Schedule 2 of the regulations. For example, of the four staff files reviewed, three related to nursing staff and none of these files included documentary evidence of relevant qualifications or accredited training of those staff members. Furthermore, 2 out of

the 4 staff had gaps in their employment history and there was no explanation for the gaps.

In addition, residents' records were not always kept in a manner which was safe and accessible. For example, the records store was disorganised and there was no effective file-keeping system in place to facilitate the easy access or retrieval of residents' records.

Gaps were also identified in residents' records, for example;

- For one resident who required repositioning every 2-3 hours, there were gaps identified in the residents' repositioning chart of 23 hours and another gap of 11 hours.

Judgment: Substantially compliant

Regulation 23: Governance and management

Further action was required to ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored. For example;

- Enhanced oversight was required to ensure that residents were provided with appropriate opportunities to participate in meaningful activities on weekends, and to ensure that appropriate resources were available to support this.
- The systems in place to ensure that issues identified through residents' meetings were addressed were not sufficiently robust. This was evidenced by the same issues repeatedly arising at residents' forum meetings. For example, in respect of activities provided and the quality of food served. There was no clear tracking system or quality improvement plans in place to ensure these matters arising at resident forum meetings were being addressed.
- Oversight of staff practices required improvement as set out under Regulation 16: Training and staff development

Judgment: Substantially compliant

Quality and safety

Overall, residents in Raheny Community Nursing Unit were seen to receive a high standard of care from staff who were familiar with their needs and preferences. Some improvements were required in areas of residents' rights and finances and these will be discussed later in the report.

The inspectors reviewed five care plans, focusing on falls prevention, managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and pressure area care. Residents were seen to have been assessed using validated assessment tools, and care plans were developed from these assessments within 48 hours of admission. The care plans were personalised to direct staff in caring for the resident and were reviewed and updated on a four monthly basis, and as required. Staff spoken with were knowledgeable about the residents' care needs, and it was evident that the care prescribed was implemented. For example, a resident who required pressure ulcer dressings had been referred to a nurse specialist. A treatment regime had been recommended and this was seen to have been carried out, with evidence of improvement in the skin condition documented. A resident who displayed responsive behaviours had detailed information on potential causes for the behaviour, and techniques for staff to use to help reassure and relax the resident.

The centre had an up-to-date safeguarding policy in place and staff spoken with were knowledgeable on how to recognise and respond to concerns of abuse. Residents spoken with told inspectors that they felt safe living in the centre. Information on advocacy and safeguarding was available for residents and their families. The registered provider is a pension agent for five residents and the inspectors saw that there were individual records and balances available for each resident. There was a system in place for managing residents' money, with transactions recorded and receipts for each transaction retained. However, the transactions were not signed by staff in line with the centre's own policy on the management of residents' accounts and valuables. This will be discussed under Regulation 8: Protection.

The inspectors saw minutes of regular residents' forum meetings and these appeared to be well attended. While inspectors saw evidence that many issues raised by residents were addressed, other recurring issues remained outstanding. For example, a speaker system for activities, particularly for Mass, was requested and this had been obtained, but the lack of activities over the weekend was an ongoing concern. This had been highlighted to inspectors by a number of residents and visitors over the course of the day. One resident said "if there was even a movie shown, one we were interested in, it would be something" while residents and visitors described it as "very quiet at the weekends". This was brought to the attention of the person in charge, who said that the clinical nurse manager on duty at the weekends allocated a staff from the health care team to organise activities. There was no person specifically designated to activities at the weekend. Residents had access to pleasant outdoor areas, which residents said they enjoyed spending time in. However, residents said they felt reliant on staff to access these areas, and one resident said they did not like to ask staff because they were busy. As a result, they did not get to use them as much as they would like. There were a number of twin and four-bedded rooms in the centre and the inspectors saw that there was one TV for every two people in these rooms. This did not support a rights-based approach to care as it limited a resident's choice of what to watch on the TV. These issues will be discussed under Regulation 9: Residents' rights.

In general, the premises was designed and laid out to meet the needs of residents living in the centre. The centre was warm, with plenty of natural light and was observed to be clean on the day of inspection. Residents' bedrooms were furnished with their personal belongings and residents spoken with told inspectors they liked their rooms. However, some areas of the centre did not meet the requirements of the regulations. For example, not all bedrooms contained lockable storage for residents to keep their belongings and some areas for use by residents did not have call bells. This is discussed in more detail under Regulation 17: Premises.

Residents and families had raised concerns about missing laundry items, and in response, the person in charge had changed the laundry arrangements. Residents' laundry was now done on site. The laundry room had an appropriate system to segregate clean and dirty laundry, and the laundry staff were knowledgeable about the care of residents' clothes. Residents and visitors spoken with were happy with the arrangements. Residents were happy that there was adequate space for them to store their belongings, and many were seen to have personalised their rooms with pictures, cushions and furniture from home.

Regulation 12: Personal possessions

Residents' clothes were laundered regularly and returned to them, and there was adequate space for residents to store their clothes and personal possessions.

Judgment: Compliant

Regulation 17: Premises

The premises did not conform to all matters as required under Schedule 6 of the regulations. For example;

- Not all residents' bedrooms had lockable storage. This impacted on the residents' rights to safely secure their personal belongings and valuables within their rooms.
- Call bells were not available in every room used by residents, for example, in the conservatories.
- Equipment for use by residents was not always observed to be clean. For example, urine bottles were stored on the clean rack in the sluice room which were stained and had a build-up of residue.
- There was inappropriate storage of equipment in the centre. For example, residents' assistive equipment was observed to be stored in a number of bathrooms.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents were assessed and had care plans prepared within 48 hours of admission. The care plans were reviewed every four months, or as required.

Judgment: Compliant

Regulation 8: Protection

The system to record residents' financial transactions was not in line with the centre's policy on managing resident's accounts and valuables as evidenced by:

- Transactions were not signed by staff.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The registered provider had not provided residents the opportunity to participate in activities as evidenced by:

- No activities were scheduled at the weekend.

The registered provider had not ensured that residents could exercise choice as evidenced by:

- Residents sharing TV's in the twin and four bedded rooms.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Raheny Community Nursing Unit OSV-0000704

Inspection ID: MON-0038839

Date of inspection: 17/09/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • A fourth Activity coordinator is now being actively recruited. Interviews scheduled for 10/11/2025. When the fourth activity staff member is in position the activity roster will include weekend cover. This will aim to ensure there is an improvement in the quality of residents social care experience	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • A fourth Activity coordinator is now being actively recruited. When the fourth activity staff member is in position the activity roster will include weekend cover. This will aim to ensure an improvement in the quality of residents social care experience. The PIC and CNM2 on duty at weekends will have oversight of this. • Discussions around the inappropriate placement of Bibs on Residents has taken place on all units with care staff. The PIC and nurse managers will continue to observe this practice to ensure it is in line with a rights based approach to care. • All nursing staff have been made aware during staff huddles/meetings that any anomalies in temperature checks on medication rooms/fridges are to be reported to the relevant persons and same to be logged in the centres maintenance log. The nurse managers will have oversight of this to ensure any temperatures outside the normal parameters are actioned. • All nursing staff have been reminded in staff huddles to follow the centres medication policy which includes safe storage. Regular audits will continue to be carried out which include safe storage of medications.	

Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • All staff files will meet the requirements set out in the regulations which will include any gaps in service and documentary evidence of qualifications/accredited training. • All residents' records will be kept safe and accessible. All current residents' documents are held on each unit in a locked store press. Some past records are kept in the centres archive room which requires organising. Same to be carried out as part of a de cluttering project	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • A fourth Activity coordinator is now being actively recruited. When the fourth activity staff member is in position the activity roster will include weekend cover. This will aim to ensure there is an improvement in the quality of residents social care experience • All Residents meetings are minuted, actions arising from those minutes will be actioned, documented and distributed by PIC	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • All Residents bedrooms will have lockable storage. Technical services department are in the process of supplying same • Call bells will be placed in all areas which residents use. Technical services department are currently in the process of completing same • All staff reminded of Policy for cleaning equipment. Clinical nurse managers will increase oversight on this to ensure all equipment meets IP&C standard. Regular hygiene audits and quality and safety walk rounds will continue. • OT equipment room has been cleaned up and reorganised. A system has been set up whereby if a resident wheelchair/aide is no longer in use the CNM3/2 or OT on duty will contact the relevant company to take away the wheelchair.	

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: • Administrative staff are now following the centres policy with regards financial transactions whereby a 2 signature system is in place.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • A fourth Activity coordinator is now being actively recruited. When the fourth activity staff member is in position the activity roster will include weekend cover. This will aim to ensure an improvement in the quality of residents social care experience. • All shared rooms will have a TV installed for each resident sharing. Technical services department in the process of facilitating same.	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	05/01/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	05/01/2026
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	01/12/2025
Regulation 21(1)	The registered provider shall	Substantially Compliant	Yellow	17/11/2025

	ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	19/01/2025
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	03/11/2025
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	18/09/2025
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	05/01/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Substantially Compliant	Yellow	15/11/2025

	may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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