

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

Issued by the Chief Inspector

Name of designated centre:	Abbeylands Nursing Home
Name of provider:	Abbeylands Nursing Home & Alzheimer Unit Limited
Address of centre:	Carhoo, Kildorrery, Cork
Type of inspection:	Unannounced
Date of inspection:	14 October 2025
Centre ID:	OSV-0000187
Fieldwork ID:	MON-0048578

About the designated centre

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

Abbeylands Nursing Home is a purpose-built, single storey residential centre with accommodation for 50 residents. The centre is located in a rural area of Co. Cork, close to the village of Kildorrery, on large, well maintained grounds with ample parking facilities. The centre is divided into three suites, Funchion suite accommodates 13 residents, Blackwater suite accommodates 16 residents and the designated dementia unit, Lee suite accommodates 21 residents. Bedroom accommodation comprises 16 single bedrooms and 17 twin bedrooms, all except one of which are en suite with toilet, shower and wash hand basin. The centre provides respite, convalescent, palliative and extended care for both male and female residents over the age of 18 but predominantly over the age of 65. Medical care is provided by the residents own general practitioner (GP) or the resident may choose to use the services of one of the other GPs that attend the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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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
Tuesday 14 October 2025	08:45hrs to 17:30hrs	Erica Mulvihill	Lead

What residents told us and what inspectors observed

The overall feedback from residents in Abbeylands Nursing Home was positive. Residents who spoke with the inspector about their experience of living in the centre said it is a very safe and comfortable place to live and staff were described as very kind. One resident commented, when speaking to the inspector, they liked living in the centre as their wishes are always respected to which another resident adjacent stated "they seconded that". During the day, the inspector met with many of the 44 residents living in the centre and spoke to nine residents in more detail. Visitors were seen coming and going freely throughout the day of the inspection and overall feedback from visitors was of the safe care their relatives received with one visitor stating staff are very attentive and kind.

The inspector arrived unannounced to the centre and was met by the person in charge. Following an initial walk through the centre, where the inspector observed kind interactions between staff and residents, the person in charge and inspector had a short introductory meeting. On the day of inspection, the vaccination team were in the centre and also residents were voting in the upcoming Presidential elections.

Abbeylands Nursing Home is a single storey building and is registered to accommodate 50 residents in 16 single bedrooms and 17 twin bedrooms. All bedrooms have an en suite facilities with the exception of one single room, which has a hand wash sink only. The centre has three suites; namely the Funcheon, Blackwater and Lee suites. The Lee suite was designated for residents living with a diagnosis of dementia. Bedrooms in the centre appeared clean and most were observed to be personalised with personal effects and photographs. On the corridors, brightly coloured artwork made from bottle tops, and recycled items which were made by residents were seen hanging throughout the centre. The inspector saw that the centre had purchased new chest of drawers for the resident bedrooms since the last inspection in rooms that required them. On walking around the centre, visible works were ongoing to rooms with a plan to change some twin bedrooms to single occupancy rooms and other rooms to bedrooms maintaining the same amount of registered beds. The provider will submit an application to vary once works are completed.

The centre had a smoking room which was used by residents as required. This room had a call bell and smoking aprons for residents who smoked to use, and fire extinguishers were placed closely outside the room.

In the morning, the inspector observed residents having refreshments in the foyer, while they waited for their vaccinations. Staff were seen to be very attentive and ensured that residents were comfortable while they waited. Once finished, staff assisted residents who required it to the other communal spaces in the centre.

The inspector saw that residents were really enjoying the social atmosphere created in the centre and were seen chatting in groups together and with staff. During the afternoon, residents who wished to, were firstly assisted to vote in the presidential elections and then enjoyed a game of bingo with others in the main day room. Residents in the Lee Suite were observed to be singing and dancing and one resident was very complimentary about the services to residents in the centre stating "its great fun here". A lively activities programme was in place in the centre run by two activities staff who knew the residents well and tailored the programme to the changing profile of residents.

The inspector observed the lunchtime meal and the dining experience was supervised by the clinical nurse manager to ensure all residents were offered choice and assistance as required. Tables were set with tablecloths and condiments and meals served to residents appeared appetising. Residents who required assistance were offered this in an unhurried and respectful manner.

The next two sections of the report present the findings of this inspection in relation to capacity and capability of the centre and how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations.

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 (as amended). The inspector followed up on the action taken by the provider, following an inspection in January 2025, to address areas of non compliance.

The registered provider had a clear governance structure in place, with identified lines of authority and accountability, and deputising arrangements for key management roles. However, this inspection found that, while action had been taken since the last inspection, further action was required to ensure the management systems in relation to training and staff development, infection prevention and control, Fire prevention, individual care plans and assessments and written policies and procedures were sufficiently robust.

Abbeylands Nursing Home is owned and operated by Abbeylands Nursing Home and Alzheimers Unit Ltd, who is the registered provider. It is registered to accommodate 50 residents. The company comprises a board of directors, one of whom is the operations director for the centre and the person representing the provider for the purposes of regulation. There was a full time person in charge, who was supported in their role by two assistant general managers, as well as a clinical nurse manager (CNM), staff nurses, healthcare assistants, catering, housekeeping, administration, maintenance and activities staff.

There were sufficient numbers of suitably qualified staff to support residents' assessed needs on the day of the inspection. Records reviewed by the inspector confirmed that staff training was provided through a combination of in-person and online formats. All staff had completed role-specific training in safeguarding residents from abuse, manual handling, infection prevention and control, the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and fire safety.

Staff spoken with demonstrated knowledge of the training received, however, despite all staff having up to date fire safety training, a small number of staff were observed to place obstacles in front of fire doors which prevented closure in the case of a fire which will be discussed under Regulation 16: Training and staff development and under Regulation 28: Fire precautions.

There were systems in place to record and investigate incidents and accidents involving residents, the inspector found that the incident reporting system was sufficiently robust and adhered to. Incidents were fully recorded and investigated, and all notifications required to be submitted to the Office of the Chief Inspector had been submitted in the required regulatory timeframes.

There was evidence of management and staff meetings at regular intervals where key clinical areas were discussed. Staff were provided with the ability to have good discussion around areas of concern and evidence of action plans from previous discussions were documented and completed. There were effective arrangements to facilitate staff to raise concerns.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2024. The inspector saw evidence of the consultation with residents and families reflected in the review.

Regulation 15: Staffing

The provider had ensured that there was sufficient staffing to meet the assessed needs of the residents and was appropriate to the size and layout of the centre. The person in charge and the clinical nurse manager provided supervisory oversight during the weekdays. The person in charge was on call at weekends. The provider had agreed to keep the supervisory management arrangements under review.

Judgment: Compliant

Regulation 16: Training and staff development

Whilst all training was up to date in the centre, action was required in relation to staff supervision: For example:

- staff were observed to place obstacles to obstruct fire doors which would prevent closure in the case of a fire. When the obstacle had been removed, the inspector on further walk around the centre, found the same fire door was again obstructed by staff placing a chair in front of the door which would prevent closure in the case of fire.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had ensured that the directory of residents was well maintained and contained the information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that an up-to-date contract of insurance against injury to residents, and loss or damage to residents property was in place and in date.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the governance and management systems in place were not sufficiently robust to ensure oversight of the quality and safety of care provided to residents as evidenced by:

- the provider had failed to ensure effective oversight of infection control to ensure the safety of residents as outlined under Regulation 27: Infection prevention and control.
- the registered provider did not have effective oversight of fire precautions in the centre to ensure safety to residents residing at the centre as outlined under Regulation 28: Fire Precautions.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents which required notification had been submitted in writing to the Office of the Chief Inspector within the required timeframe.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures required action to bring them in line with the regulations, as two of the policies set out in Schedule 5 had not been updated within the required timelines.

Judgment: Substantially compliant

Quality and safety

Overall, residents in Abbeylands Nursing home stated they felt safe there and were found to be supported to have a good quality of life in the centre, which was respectful of their wishes and preferences. There was timely access to healthcare services and residents had access to appropriate social involvement on the day of inspection. However, infection prevention and control, premises, care plans and fire precautions did not achieve full compliance with the regulations on this inspection.

The inspector observed kind interactions between staff and residents throughout the day of the inspection. Residents expressed satisfaction with the standard of care provided to them and gave positive feedback about the staff and the management team.

The design and layout of the premises was generally suitable for the centre's stated purpose and function. The centre was appropriately decorated to create a homely feel for residents. However, inappropriate storage of equipment was noted in two areas in the registered centre which would not permit access for residents use. This is discussed under Regulation 17: Premises.

The centre had an electronic care system in place. Care planning documentation was available for each resident in the centre, however, on review of a sample of

these, the inspector found that some assessments were out of date. This is actioned under Regulation 5: Individual assessments and care plan.

The inspector was assured that residents health care needs were being met to a good standard. Residents had access to a wide range of health and social care professionals such as occupational therapy, physiotherapy, dietetics and speech and language therapy on referral. The general practitioner (GP) attended the centre weekly and as required. Residents had access to equipment such as pressure relieving devices and manual handling equipment as required. Tissue Viability was available on referral if required but on the day of the inspection, no wounds were reported in the centre.

The registered provider had measures in place to safeguard residents from abuse. The provider did act as a pension agent for one resident and records were maintained in relation to residents' payments and surplus amounts. There was also a procedure in place for the management of residents' petty cash. There was a policy in place in the centre in relation to safeguarding residents from abuse and training records indicated full compliance with training in protecting residents from abuse.

There was arrangements in place for residents to access independent advocacy services if required. Records demonstrated that resident meetings were convened every two months and were well attended. The inspector saw that residents had opportunities to discuss the centre and have their say about how they wished to live their lives in the centre.

There was a robust activities programme in the centre ran by two vibrant activities coordinators who were well known to residents. On the day of inspection, as there was vaccinations and voting ongoing in the centre, the activity coordinators and staff were busy attending to the social care needs of the residents to ensure their social involvement was not affected. Residents in the Lee suite were observed to be dancing and singing during the day and all appeared happy and content. The inspector observed very kind and patient interactions with residents throughout the day in this suite.

Residents nutrition and hydration needs were met. Systems were in place to ensure residents received a balanced and nutritious diet, based on choices and preferences. The inspector observed sufficient staff to assist residents with dining, where necessary. Meals were nicely presented and looked appetising.

The management of fire safety was kept under review and while some improvements had been noted since the last inspection, a number of concerns were identified on the day of the inspection to the provider in relation to gaps in some fire doors, a number of fire doors were being held open by obstacles against them and also in relation to Fire Drill practice in the centre. This is further actioned under Regulation 28: Fire precautions.

Some action had been taken to address issues of non-compliance in relation to infection prevention and control found on the previous inspection. Overall, the centre was clean and the household team were knowledgeable in their roles. The inspector identified some good practice in the prevention and control of infection.

For example, staff were observed to apply basic infection prevention and control measures to minimise risk to residents such as good hand hygiene practices at points of care. However, the inspector observed a number of tables in the centre overstocked with personal protective equipment (PPE) and a thermometer, daily temperature recording sheet and personal protective equipment(PPE) for temperature recording of staff on commencing work in the centre on a daily basis. As there was no active risk of infection in the centre, the provider did not require these precautions in place. There was also a number of observations in relation to inappropriate storage which may prevent appropriate cleaning to areas in the centre. A partially blocked clinical hand wash sink was slow to drain and therefore assurances could not be provided that this could be cleaned effectively. These areas of concern will be addressed under Regulation 27: Infection prevention and control.

Regulation 12: Personal possessions

The inspector observed that residents had access to ample storage for their personal belongings. Following on from the previous inspection new chests of drawers and bedside lockers were in place where required. Residents linen and clothing were outsourced for regular laundering and returned to each resident.

Judgment: Compliant

Regulation 17: Premises

The provider was not in full compliance with regulations in relation to premises in the designated centre which required action as follows:

- one registered bedroom was full of equipment and furniture including hoists, trolleys, wheelchairs.
- A residents communal bathroom was unable to be used as it was full with inappropriate storage of boxes and equipment which also prohibited effective cleaning of these areas. While it is acknowledged building works were ongoing in other parts of the building, these areas were unable to be accessed by residents if required.

Judgment: Substantially compliant

Regulation 26: Risk management

The provider had ensured that there was an up-to-date risk management policy in place, which contained the information required by the regulations. The risk register was updated regularly.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control management in the centre did not fully comply with the requirements of Regulation 27, infection control. Action was required to ensure that procedures consistent with the national standards for infection prevention and control in community services(2018) were implemented. For example:

- the clinical hand wash sink had inappropriate placement of staff water bottles, coffee cups which could lead to cross contamination and ineffective cleaning processes. The electronic device for documenting care also had inappropriate storage of staff equipment which prevented adequate cleaning of this areas.

Disparities between the findings of the most recent local infection prevention and control audit and the observations of the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance for example:

- there was inappropriate storage of sanitary bins on main corridors of the centre which were malodorous and unsightly.
- there was inappropriate storage of PPE on tables on main corridors throughout the suites which were not contained in the correct manner to prevent cross contamination.
- the person in charge was conducting temperature checks and sign in sheets for staff when there was no clinical indication for same.
- a clinical hand wash sink outlet was partially blocked and required attention.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure fire safety management systems complied with the regulations, as evidenced by:

- gaps were identified in some fire doors which required review to ensure sufficient containment of smoke in the event of a fire.
- two fire doors were observed to be prevented from fully closing by obstacles placed in front of them and over them by staff.

- the door closure system was not fully functional in one bedroom at the time of inspection.
- Fire drills were noted to occur sporadically, and notes stated that staff were not confident. Further fire drills are required to ensure staff competency is assured in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was required in regard to residents' assessments and care plans to ensure that they reflected the current needs of residents. For example, some assessments were out of date, so the inspector could not be assured that they supported staff to provide appropriate care in line with the changing needs of residents.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector was assured that residents had access to appropriate medical and health care, in line with their needs. A general practitioner (GP) attended the centre weekly. Physiotherapy was available twice a week, and residents also had access to services including dietetics, speech and language therapy and tissue viability nursing as required. A vaccination clinic took place on the day of inspection. Evidence of access to national screening was also observed.

Judgment: Compliant

Regulation 8: Protection

The provider had taken all reasonable measures to ensure residents were protected from abuse. Safeguarding training was up-to-date for all staff. Residents told the inspector that they felt safe living in the centre. The provider was a pension agent and there were appropriate systems in place for managing residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were empowered to exercise choice about how they lived in the centre and residents told the inspector that their wishes were respected. Residents meetings took place every two to three months, and were well attended. There was a comprehensive activities schedule which was flexible to residents' needs, and individual, small and large group sessions were facilitated. Information on independent advocacy services was displayed in the centre.

A local priest provided mass in the centre once a week, while voting for the presidential election was being facilitated on the day of inspection.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Abbeylands Nursing Home OSV-0000187

Inspection ID: MON-0048578

Date of inspection: 14/10/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff have been trained in fire safety but the mag on the door in question was malfunctioning and the part to repair was delivered and installed on 15/10/25 and is now fully operational. To enhance supervision of staff we have a new CNM on 24/11/25	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: We have increased the frequency of fire and infection control audits and we appointed a new CNM to improve the quality of care and supervision.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:	

We reviewed and updated two Schedule 5 on 16/10/25	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: We have a new storage facility of 20M2 being installed on December 4th 2025 to address the issue of storage within the premises, this will allow for items previously stored within the building to be safely stored in a new space.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Designated shelves have been provided for staff to store their water bottles, cups and glasses adjacent to data entry areas. Storage of sanitary bins have now been relocated to the sluice room. All PPE is now stored in the store rooms for each area. We have completed a comprehensive infection control audit and addressed all issues of concern.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The gaps to the fire doors are being addressed and will be complete by December 10th 2025 Scheduled weekly fire drills will take place from 1st December. Malfunctioning door closure system is now fully operational.	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All the care plans have been reviewed and updated by PIC and CNM. These reviews will now take place at four monthly intervals or more of according to the changing needs of the residents.</p>	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	24/11/2025
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	04/12/2025
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	01/12/2025
Regulation 27(a)	The registered provider shall ensure that infection	Substantially Compliant	Yellow	04/11/2025

	prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 27(b)	The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.	Substantially Compliant	Yellow	17/10/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	10/12/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably	Substantially Compliant	Yellow	01/12/2025

	practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	04/12/2025
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 that resident's family.	Substantially Compliant	Yellow	31/10/2025