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:	Riverside Nursing Home
Name of provider:	Riverside Care Centre Limited
Address of centre:	Milltown, Abbeydorney, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	20 April 2026
Centre ID:	OSV-0000274
Fieldwork ID:	MON-0041576

About the designated centre

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

Riverside nursing home is a 27-bedded nursing home located close to the village of Abbeydorney, Co. Kerry. All residents are accommodated on the ground floor in 12 twin and three single bedrooms. Communal space comprises a large combined sitting and dining room, a sitting room, conservatory, reception seating area and oratory. There is also secure outdoor courtyard leading to an enclosed garden. The centre provides 24-hour nursing care to both female and male residents with a range of diagnoses, including dementia.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27

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
Monday 20 April 2026	09:15hrs to 17:15hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, this service promoted the rights and choices of residents to enable their independence and quality of life. There was a pleasant atmosphere in this centre and residents were relaxed and comfortable in their surroundings. The inspector met many of the residents on inspection and spoke with seven residents in more detail to gain insight into their lived experience in the centre. Residents were complimentary about the care provided, and residents gave very positive feedback regarding the staff, their kindness and helpfulness, as well as the quality of food served.

On arrival for this unannounced inspection, the inspector was guided through the risk management procedure of signing in process and hand hygiene. Information displayed in reception included the statement of purpose, residents' guide, complaints procedure with leaflets for people to complete should they wish to make a written complaint. Other information displayed related to advocacy services and pet therapy.

The main fire panel and certification, and registration certificate were displayed in reception. Directional signage was displayed throughout the centre advising residents of communal rooms and bedrooms to allay confusion and disorientation.

There were 27 residents residing in Riverside Nursing Home at the time of inspection. Residents' accommodation is on the ground floor, with staff facilities located on the first floor. Bedroom accommodation comprises 12 twin rooms and three single rooms with wash-hand basins; one single room has en-suite toilet, shower and wash-hand basin facilities. There are shared toilet and shower facilities for residents in the centre. Personal storage space in most bedrooms comprises single wardrobes, bedside locker with lockable storage, and a wall-mounted press; several had an additional chest of drawers. Residents in some twin bedrooms had double wardrobes each to store their personal belongings. The inspector saw that some residents bedrooms were personalised with memorabilia from home. Specialist mattress, cushions, low bed facilities and hoists were available. There was one television in twin bedrooms which could only be viewed by one resident.

There is a variety of indoor communal spaces available for residents in the centre, including the main sitting room, seating area off the dining room, conservatory, oratory, and reception area with comfortable couches and armchairs. Large white notice boards in both dining and day rooms displayed the daily menu detailed on one, and the activities programme on the other. Externally, residents had access to the enclosed courtyard. While there was an enclosed patio area to the front of the building, it was reported that this was never used by residents.

The inspector observed positive interactions between staff and residents during the inspection and it was evident that staff were knowledgeable of residents' needs, and were observed to be respectful, kind and caring in their approach.

At the start of the inspection and throughout the morning, residents were seen coming to the dining room for their breakfast following personal care; some residents were served their meals in their bedrooms depending on their preference. Residents were seen to have choice for their meals. Mid morning and mid afternoon, residents were offered refreshments of juices or tea, and snacks and then staff called to residents in their bedrooms offering them refreshments. Serving of the main meal started at 12:45pm with staff delivering trays to residents who wished to dine in their bedrooms.

A variety of activities were held throughout the day up until 5pm. In the morning, activities were facilitated in the Mill day room, and in the Abbey day room in the afternoon. The activities person engaged positively with residents chatting about an array of topics, current affairs as well as reminiscence; this was interspersed with songs relating to the topics discussed. Residents actively engaged in the social interaction, sing-song, and were seen to enjoy themselves.

The inspector found that the centre was generally clean, with some exceptions. There were three compliant clinical handwash sinks in the centre (1) nurses office, (2) laundry and (3) sluice room; the water outlet for one clinical handwash sink was seen to be visibly unclean. Staff were observed to complete hand hygiene following personal care delivery. Wall-mounted hand hygiene dispensers were available throughout the centre including in residents' bedrooms, with advisory signage explaining hand hygiene technique. Dani centres were available throughout the centre enabling staff easy acccess to protective equipment such as disposable gloves and aprons.

Upgrades to the premises were seen to be ongoing at the time of inspection including painting and re-decorating. Laundry was segregated at source and alginate bags were available as part of infection control practices to enable safe use of infected or dirty laundry. The laundry was laid out to enable good work-flows; this room was clean and tidy. The linen store room was very neat and organised.

Rooms such as the nurses' station, sluice, laundry and household cleaners room were securely maintained to prevent unauthorised access to clinical waste and chemicals for example. The medication trolley was locked and secured to the wall. Other medication presses, the medication fridge and presses with clinical equipment and residents' documentation were secured.

There was a separate secure unit which held cold and dry goods for the kitchen. The food maintained in the fridges and freezers were seen to be dated and labelled in line with current guidelines.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted 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, to follow up on the previous inspection findings, and to inform the renewal of registration process.

Improvement was noted regarding activities, the dining experience, medication management, temporary absence documentation, and aspects of infection control. Notwithstanding these improvements, action was required regarding Regulation 28: Fire precautions, as an urgent compliance plan was issued to the provider relating to the safe egress of one evacuation route. Other issues requiring improvement included residents' personal possession storage space, access to televisions both repeat findings that had not been actioned, and infection prevention and control; these are reported on under the relevant regulations.

Riverside Nursing Home is a residential care facility operated by Riverside Care Home Ltd. It is registered to accommodate 27 residents. The governance structure comprises two directors, with one of the board members nominated as the person representing the registered provider. Both directors work in the centre full-time, and one is directly involved in its operational and day-to-day management. The management structure in place has clearly identified lines of authority and accountability. From a clinical perspective, care is directed by the person in charge and she is supported by a team of registered nurses, healthcare, domestic, catering, activities and maintenance staff. Deputising arrangements are in place for times when the person in charge is absent from the centre.

The provider representative explained that there was ongoing recruitment to ensure staffing levels were maintained and they were currently recruiting staff. On the day of inspection there were adequate numbers and skill mix of staff rostered.

Incidents occurring in the centre were notified to the Chief Inspector of Social Services in line with regulatory requirements. The statement of purpose required updating to ensure compliance with the regulatory requirements as detailed under Schedule 1. While Schedule 5 policies and procedures were available, some required updating to ensure they complied with current legislation. The 2025 annual review reflected the care delivered and was completed in conjunction with residents and their families: it included an overview of complaints as specified under Regulation 34: Complaints. A current insurance certificate was available which complied with specified regulatory requirements.

A schedule of audit was in place for 2026 with the person in charge and ADON completing clinical aspects of the service and the provider representative overseeing non-clinical aspects of the service. The falls review and trending audit showed excellent analysis and holistic overview to enable quality improvement. Key

performance indicators were maintained on a weekly basis and these informed their quality meetings. The person in charge was very knowledgeable regarding KPIs and audit results, and how they influenced their quality improvement strategy.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew registration of Riverside Nursing Home was submitted along with the associated documentation of floor plans and the statement of purpose. Associated fees were paid to the regulator.

Judgment: Compliant

Regulation 14: Persons in charge

There was a person in charge of the centre, who worked full-time. She was a registered nurse with the necessary nursing and managerial qualifications, as per regulatory requirements. She positively engaged with the regulatory; she was actively involved in the governance and management of the service and the day-to-day running of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were adequate care staff rostered, including twilight hours staff. Following the findings of the previous inspection, residents now had access to meaningful activation throughout the day from 10am – 5pm.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the training matrix showed that mandatory training was up to date for all staff. Additional training provided included palliative care, dysphagia and advocacy services for example.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were examined and associated documentation as specified under Schedule 2 were in place for staff, including vetting disclosures in accordance with National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 22: Insurance

A current insurance policy was in place, which met all the requirement of Regulation 22: Insurance.

Judgment: Compliant

Regulation 23: Governance and management

Action was required to ensure the service was effectively monitored, as:

- an urgent compliance plan was issued regarding risk associated with fire safety precautions, [the compliance plan submitted provided assurance that the risk was addressed satisfactorily.]

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to ensure compliance with Schedule 1 of the regulations, to include the following:

- management qualification of the person in charge
- deputising arrangements when the person in charge is absent from the centre
- visiting arrangements associated with infection as well as compassionate visiting

- the complaints procedure.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of accidents and incidents demonstrated that the appropriate notifications were submitted to the Chief Inspector in accordance with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints records were examined and these showed thorough and timely management of concerns raised. Both the person in charge and provider representative engaged with the complainant to facilitate action to the satisfaction of the complainant.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies and procedures were available to staff. The following policies were updated at the time of inspection to ensure compliance with Schedule 5, as follows:

- retention of records policy did not reflect the specified requirements as set out in Regulation 21
- complaints policy did not reflect the updated regulations so as to ensure it was in an accessible format for residents.

Judgment: Substantially compliant

Quality and safety

Residents reported that they were happy and felt safe in Riverside Nursing Home. Residents' needs were being met through access to health care services and good opportunities for social engagement. Many aspects of the service demonstrated that a rights' based approach to care and welfare was promoted, however, as mentioned heretofore, an urgent compliance plan was issued to the provider regarding fire safety concerns, and a satisfactory response was received confirming completion of remedial works to safeguard the evacuation route egress.

Residents had timely access to healthcare services including physiotherapy, speech and language therapy, dietetics, optometry, dentistry, mental health services, psychiatry of older age and tissue viability nursing. The residents' general practitioners (GPs) attended the centre for regular medical reviews. Residents had access to the HSE Integrated Care Programme for Older People (ICPOP) and this service was found to be invaluable in enabling better outcomes for residents. A comprehensive pre-admission assessment was completed prior to residents taking up residency to ensure the service could cater for their needs. Records showed that residents signed to indicate that the care planning process was undertaken in conjunction with them. Improvement was noted in resident care documentation to enable individualised care. Regarding nutritional assessment, validated assessment tools were used including a dehydration risk assessment, when clinically indicated.

Improvements were noted in the use of bed-rails to ensure that practices and policy reflected national policy. Bedrail usage had further reduced to two residents currently. Many residents were prescribed medication to treat blood pressure, and daily observations of temperature and blood pressure were requested, with many residents having these checks done from 6am each morning. The inspector requested that this practice be reviewed as part of their 'quality of life' assessment.The person in charge committed to reviewing daily blood pressure checks in conjunction with the prescribing doctor to ensure interventions would add value to the quality of life of residents.

Medication management and controlled drug records were examined. Comprehensive administration records were seen for regular and as required (PRN) medications. Medication requiring crushing were individually prescribed; medications were discontinued in line with professional guidelines. Quarterly medication reviews were completed by the GP and pharmacist to enable best outcomes for residents. Medications were also reviewed as part of the ICPOP reviews with the consultant geriatrician. When necessary, residents were referred to other specialist such as pain management and palliative care.

Residents were facilitated to access advocacy services. Residents questionnaires were completed on a quarterly basis to gain their feedback regarding all aspects of the service, along with regular residents meetings.

There were household cleaning staff on duty over seven days. Residents with urinary catheters had individual catheter holders and observation showed that catheters were maintained off the ground to ensure cleanliness.

The emergency shut-off valve was well defined outside the kitchen. Daily, weekly, fortnightly and monthly fire safety checks were comprehensively completed. Appropriate fire certifications regarding quarterly and annual inspections were evidenced. Emergency evacuation floor plans were displayed throughout the centre. While these floor plans had a point of reference and exits identified, other information such as the primary and secondary evacuation routes required attention to ensure they correlated with the legend. This and other fire safety concerns are detailed under Regulation 28: Fire precautions.

Regulation 10: Communication difficulties

Excellent individualised attention was provided to residents with communication needs, including residents with visual impairment. Staff were seen to be familiar with residents and their needs, and appropriately interacted with them providing direction and assistance while at the same time maintaining their independence, respect and dignity.

Judgment: Compliant

Regulation 12: Personal possessions

Personal storage space remained inadequate for people living in residential care as some personal storage space comprised a single wardrobe for residents to store their clothes. This was a repeat finding.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Improvement was noted regarding serving of meals. Residents sitting together at tables were served together. Residents were offered choices for all meals and gave positive feedback about the quality of meals served. Meal-time was observed to be a sociable affair with residents and staff chatting.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Templates were available regarding transfer of residents to another care facility which including infection status, previous antibiotic history and multi-drug resistant (MDRO) status. Copies of transfer letters for the resident transferred out of the centre to another care facility were maintained on site, and showed that comprehensive information was supplied to the receiving service to enable the resident to be cared for in accordance with their assessed needs.

Judgment: Compliant

Regulation 27: Infection control

The inspector found the following issues relating to infection prevention and control which required attention:

- while there was an infection control lead, they did not have the required skills and knowledge as mandated in the National Standards for Infection Prevention and Control in Community Services 2018,
- the water outlet in one clinical hand wash sink was visibly unclean
- some of the assistive supports in bathrooms were seen to be corroded so effective cleaning could not be assured
- the surround of one shower was seen to be corroded.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure adequate fire safety precautions, as follows:

- an urgent compliance plan was issued on inspection regarding one evacuation route egress [the provider's urgent compliance plan response assured that the action taken negated the risk identified on inspection]
- all personal emergency evacuation plans (PEEPS) for residents were not updating to reflect both day and night time evacuation supports necessary. The current PEEPS only detailed the supports for day time evacuations; the supports for night time evacuations of residents were not detailed to ensure and enable timely and safe evacuations,
- emergency evacuation floor plans were not updating to ensure the primary and secondary evacuation routes correlated with the associated legend,
- while evacuations drills were completed weekly-fortnightly with residents participation, a full compartment evacuation had not been completed in a long time. Cognisant of reduced staffing numbers from 10pm – 8am, the

evacuation drills seen did not assure that evacuations of the largest compartment could be undertaken in a timely manner.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medication management and controlled drug records were examined. Comprehensive administration records were seen for regular and as required (PRN) medications. Medication requiring crushing were individually prescribed; medications were discontinued in line with professional guidelines. Quarterly medication reviews were completed by the GP and pharmacist to enable best outcomes for residents. Medications were also reviewed as part of the ICPOP reviews with the consultant geriatrician; when necessary, residents were referred to other specialist such as palliative care to ensure effective pain management.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Significant improvement was noted in residents' care documentation. Records showed detailed information to inform individualised holistic care. Residents with enduring mental health concerns had information detailed to support them during different stages of their health needs. Close monitoring of residents and their response to different interventions was recorded to support staff to provide individualised care. Regarding their comprehensive assessment, where risk was determined, the actual risk and level of risk was detailed to inform the care planning process; this included significant detail regarding the signs and symptoms the individual resident may present with along with assessment reports from allied health such as community psychiatric nurse specialist and social worker. Correlating care plans were equally individualised to support holistic care.

Judgment: Compliant

Regulation 6: Health care

Discussions were facilitated by residents' GPs regarding residents' advanced care directives. Residents had good access to GP services as well as the Integrated Care Programme for Older People (ICPOP) which comprised a mulit-disciplinary team including a consultant geriatrician. Other services residents were supported to

access included vision call, diabetic retinopathy, speech and language and dietician service for example. A sample of wound care documents were reviewed and these provided a comprehensive overview of wound care management.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found the following issues relating to residents rights which required action:

- the television in some twin bedrooms could only be viewed by one resident; some were small and would be difficult to view from bed.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Riverside Nursing Home OSV-0000274

Inspection ID: MON-0041576

Date of inspection: 20/04/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The ramp has been repaired and risk management checks have been implemented.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose has been updated to include the PIC's management qualification, the deputising arrangements for the when person in charge is absent from the centre. Visiting arrangements have been expanded to include visiting associated with infection as well as compassionate visiting. The complaints procedure has been reviewed and included in the statement of purpose.	

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
The policies highlighted during the inspection have been updated.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
We are providing extra storage for resident's possessions.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The infection control lead has been enrolled on an appropriate training course. The corroded equipment identified during the inspection has been replaced. The nursing staff have been re-educated regarding the hand wash sinks and the domestic staff have included these sinks in their daily cleaning schedules.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The ramp has been repaired and risk management checks have been implemented. We have developed new bespoke PEEP's for all residents and these have been completed to reflect both day and night time evacuation supports necessary. Emergency evacuation floor plans have been updated to ensure the primary and secondary evacuation routes correlate with the associated legend, We have completed 4 evacuation drill since the inspection to include full compartment evacuation and are confident that all compartments can be evacuated in a timely manner.

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: We are in the process of fitting TV's to rooms to ensure all residents are able to enjoy them.	

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/07/2026
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	26/05/2026
Regulation 27(b)	The registered provider shall	Substantially Compliant	Yellow	31/07/2026

	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.			
Regulation 27(c)	The registered provider shall ensure that staff receive suitable training on infection prevention and control.	Substantially Compliant	Yellow	31/07/2026
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	27/04/2026
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	26/05/2026
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	26/05/2026

Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	26/05/2026
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	26/05/2026
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident is facilitated to communicate freely and in particular have access to radio, television, newspapers, internet and other media.	Substantially Compliant	Yellow	31/07/2026