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:	St Martha's Nursing Home
Name of provider:	Elder Nursing Homes (Charleville) Limited
Address of centre:	Love Lane, Clybee, Charleville, Cork
Type of inspection:	Unannounced
Date of inspection:	20 May 2026
Centre ID:	OSV-0000291
Fieldwork ID:	MON-0050480

About the designated centre

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

St. Martha's Nursing Home is a purpose built, single storey premises set back from the main road on the outskirts of Charleville, Co. Cork. The centre provides accommodation for up to 36 residents in twenty two single and seven twin bedrooms. Thirteen of the single bedrooms and two of the twin bedrooms are en suite with shower, toilet and wash hand basin. The remaining bedrooms are equipped with a wash hand-basin facility. The centre accommodates both female and male residents for long-term care and also facilitates short-term care for residents requiring convalescence, respite and palliative care. The centre caters for residents assessed as low, medium, high and maximum dependency. There is an internal courtyard which is accessible to residents that wish to spend some time in the open air.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31

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 20 May 2026	09:30hrs to 17:20hrs	Louise O'Hare	Lead

What residents told us and what inspectors observed

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), and to follow up on the previous inspection of December 2025. The inspector met with many of the residents and spoke to eight in more detail about their experience of living in the centre. Overall, residents spoke positively about the quality of care that they received in the centre. One resident told the inspector that they "wouldn't be around only for them". However, one resident expressed concerns about the increase in agency staff and the impact this had in the centre.

St. Martha's Nursing Home is located in a peaceful residential area in the north cork town of Charleville. The centre is a single storey building which was registered to accommodate 36 residents. On the day of inspection there were 31 residents living in the centre. On arrival, the inspector was informed that there was a suspected outbreak in the centre, and followed the centres' procedures as requested. The inspector conducted an initial walkaround to meet residents and observe routine practices, followed by a meeting with the person in charge. Some residents were relaxing in the day room watching a film while some were chatting or reading. An activities staff member was present and engaging with residents.

Residents had access to two day rooms, separated by an archway, as well as a sunroom and a dining room. Communal areas were bright and well decorated. Resident's accommodation comprised of seven twin and 22 single rooms. Eighteen single rooms and two twin rooms had en-suite facilities, while the remainder had wash hand basin facilities. Residents in these rooms also had access to two assisted shower rooms with toilet, and one assisted bathroom with toilet. The inspector observed that several residents had chosen to personalise their bedrooms with pictures, or other meaningful items. Bedrooms were equipped with lockers, wardrobes and comfortable seating, and residents had access to call bells. While new flooring had been installed last year in some areas, the inspector observed that one area of flooring in a corridor was taped down, there was wear and tear of paintwork in some bedrooms, and damaged wall finishes. This is discussed further under Regulation 17: Premises.

Residents also had access to a secure garden which was accessible throughout the day of inspection. The garden was decorated with planters containing colourful flowers and shrubs, and garden furniture including seating and tables. A lovely mural of a traditional cottage had been painted on one wall by a resident. The garden also contained a smoking area, this was fitted out with seating, fire extinguishers and a call bell. The bell did not function correctly on testing, and this was immediately actioned by the person in charge.

Visitors were observed coming and going throughout the day of inspection. The inspector spoke with three visitors, who all spoke highly of the care give in the centre. One visitor described it as "excellent", while another said they "couldn't be happier".

Residents spoke very highly of the quality of food in the centre describing it as "lovely" and "brilliant". The majority of residents attended the dining room for the midday meal, and there were sufficient staff to assist residents where required. Assistance was offered discreetly and respectfully, and staff sat with residents and chatted contributing to the social atmosphere. Menus were displayed on each table. However, the dining experience required review, as some residents were seen to be waiting for their meals while others had nearly finished. This is detailed further under Regulation 18: Food and nutrition.

On the day of inspection residents had access to a range of activities. In the morning residents watched a film, while in the afternoon local students attended the centre for a demonstration of music and Irish dancing, following which some residents went on an outing to a local cafe. Mass took place in the centre every Tuesday. One resident was supported to avail of local resources including flower arranging classes, and beautiful examples of their work was evident in the centre.

The next two sections of this 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 carried out over one day by an inspector of social services. Overall, the findings of this inspection were that the provider had progressed the compliance plan following the previous inspection in December 2025, and that there was effective oversight of complaints and notification of incidents. However, action was required with regards to governance and management.

The registered provider of St. Martha's Nursing Home is Elder Nursing Homes (Charleville) Limited, and the centre is managed by Mowlam Healthcare Services Limited. The person in charge was responsible for the day-to-day operations of the centre, and received operational support from the management group's director of care who was a person participating in management in the centre. The provider had not submitted all changes in information supplied for registration purposes in relation to a change of directors, as detailed under Registration Regulation 6. This was submitted following the inspection.

The person in charge had changed since the previous inspection and had been in post since March 2026. Additionally, a person participating in management had left the service, and both had been notified to the office of the Chief Inspector

appropriately. The person in charge was supported by a team of nursing, health care, housekeeping, catering, maintenance and activities staff. However, in the weeks prior to the inspection a number of staff vacancies had arisen and the role of clinical nurse manager (CNM) was vacant. A new CNM had been appointed and the inspector was informed they would be starting in the centre at the end of May. The inspector saw documentation that two healthcare assistants (HCAs) had also been recruited and were due to start work in the coming weeks. Additionally, there was an ongoing recruitment process in place for vacant nursing posts. As a result, at the time of inspection there was a high use of agency staff in the centre to maintain staffing levels.

There was a schedule of audits in place, and since the previous inspection audits on topics including medication management, safeguarding, infection prevention and control and falls had been completed. Documentation seen by the inspector indicated that some issues identified were appropriately actioned. Systems in place to ensure the service was monitored included staff meetings, and meetings on quality and safety, and health and safety. A risk register was in place and relevant actions were discussed. However, further action was required to ensure effective oversight as detailed under Regulation 23: Governance and management.

Records were stored securely and made available for inspection. The inspector reviewed a sample of staff files and saw that they contained the required information. An Garda Síochána (police) vetting was in place for staff before starting work in the centre. All employed nurses rostered in the centre were registered with the Nursing and Midwifery Board of Ireland (NMBI) as required, and records of registration were available for inspection.

The inspector reviewed a sample of incident and complaint records. Notifiable incidents were submitted in writing to the Office of the Chief Inspector as required by the regulations. Complaints records were maintained in line with the centre's complaints procedure, and detailed whether the complaint was upheld and actions taken as a result.

Registration Regulation 6: Changes to information supplied for registration purposes

The provider had not notified the Chief Inspector of a change in company directors in a timely manner, as required by the regulations.

Judgment: Not compliant

Regulation 14: Persons in charge

Since the previous inspection there had been a change of person in charge, the new person in charge had been in place since March 2026. They were a registered nurse

with the experience required in nursing older persons and nurse management. They had the qualifications required for the role.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, from a review of staffing rosters and the observations of the inspector, there were sufficient staff rostered to meet the assessed needs of the residents. There was a minimum of one registered nurse rostered on duty at all times in the centre.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed a sample of three staff files and found they contained all the information required by Schedule 2 of the regulations. Current professional registration records for all nurses rostered in the centre were available for inspection, and garda vetting was in place for staff before starting work in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were not sufficiently robust to ensure that the service provided was safe, appropriate, consistent and effectively monitored:

- The provider did not notify the office of the Chief Inspector of a change in company directors in a timely manner, as required by the regulations.
- Oversight of premises required action as detailed under Regulation 17: Premises. This was a repeat finding and did not assure that there were sufficient resources to undertake essential repairs such as replacement flooring.

Judgment: Not compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incident records and found that notifiable incidents had been submitted to the office of the Chief Inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre's complaints procedure was prominently displayed in the centre and contained the information required by the regulations. The inspector reviewed a sample of complaint records and found that they had been investigated, managed and documented in line with the centre's procedure. Complaints were acknowledged, and where appropriate a written response was provided to the complainant with details of the review process.

Judgment: Compliant

Quality and safety

Findings of this inspection were that residents living in St. Martha's Nursing Home enjoyed a good quality of life and their rights were respected. However, some action was required in the areas of care planning, premises, dining, infection control and fire precautions.

Improvements were seen in care planning in the centre. The inspector was told, and saw documentation that indicated, that a wide ranging review of care plan practices had been conducted since the previous inspection. Education and feedback had been given to nursing staff and care plans were being reviewed used a "What Matters" approach (an Age-Friendly Health System framework focused on the "4Ms": What matters, mind, medication and mobility). Care plans were securely maintained on a care planning software system. A sample of three care plans were reviewed and the inspector found that validated assessment tools were used to assess relevant risk factors such as skin integrity, and that this information was used to inform care planning. Wounds were photographed and measured, and the inspector saw that residents were referred to tissue viability specialists in a timely manner. However, some gaps in documentation were identified as detailed in Regulation 5: Individual assessment and care plan.

Residents had good access to appropriate medical and healthcare services. From a review of resident's care records referrals to heatlh and social care professionals were sent in a timely manner, and residents were seen by their general practitioner (GP) when required. A physiotherapist attended the centre one day a week.

As found on the previous inspection in December 2025, a fire safety risk assessment had been completed with required actions identified. Fire doors had been repaired where required, and external escape routes over uneven gravel had been replaced with level slip resistant pathways. The inspector was told that the outstanding issues, including emergency lighting were to be completed in June. Staff who spoke with the inspector were knowledgeable about evacuation procedures in the centre. The inspector reviewed the fire safety folder and saw that fire drills were conducted regularly and included evacuation simulations of the largest compartment with night time staffing levels. Appropriate fire certification for quarterly and annual servicing of fire detection and and fire fighting equipment were available. However, further actions were required as detailed in Regulation 28: Fire precautions.

The centre had a full-time activities co-ordinator, and good links with the local community. On the day of inspection local students attended the centre for a demonstration of Irish music. There was weekly live music sessions in the centre, as well as regular outings to the local town. The inspector was also told about a ten week exercise programme conducted by an external provider, which had recently taken place, and residents had enjoyed. Mass was held weekly in the centre, and it was evident that residents' religious rights were respected. Residents meetings took place regularly, and also benefited from having a nominated resident ambassador who represented them, including in residents' rights review meetings.

Regulation 17: Premises

Action was required to ensure the premises conformed to Schedule 6 of the regulations, as evidenced by:

- An area of flooring in one corridor was torn and covered with tape, which had been identified as a hazard on the centre's audits. This was a repeat finding from the previous inspection.
- There was general wear and tear to the paintwork and wall surfaces in some resident bedroom walls, this impacted the homeliness of the centre.
- An external storage cabin, which was seen to store equipment including mattresses and a wheelchair, was cluttered and it was unclear what equipment was in use or for disposal. Additionally mould was observed in two areas of this cabin. In a designated centre for older people, mould poses health and operational risks. Visible mould on surfaces may be an indication of more serious contamination underneath.

Judgment: Not compliant

Regulation 18: Food and nutrition

While residents spoke very highly of the quality and choice of food available in the centre, further action was needed to improve the dining experience and how meals are served, as evidenced by:

- For the midday meal, some residents in the dining room from 12:30 were not served dinner for more than 20 minutes, while other residents had completed their meals.
- For the evening meal, residents were observed to be served on extremely small plates with food overhanging on the edge of the plate.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While a number of works had been completed since the previous inspection, some works remained outstanding to ensure adequate means of escape including improvements to emergency lighting. The inspector was told these were due to be completed in June 2026.

Fire evacuation procedures displayed in the centre contained conflicting information. For example, one procedure which contained instructions for staff contained no reference to evacuating residents, while another did, potentially causing confusion for staff during an evacuation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had ensured that residents had access to pharmacy services. Medications were seen to be stored securely in the centre in line with national guidelines. Medication administration records and records relating to controlled drugs were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While care plans had improved since the previous inspection, some actions were required to ensure that care plans were updated appropriately. For example, two care plans had been either partially or not updated to reflect recommendations of health and social care professionals review, and one care plan contained conflicting information in regards to a resident's weight loss. This could lead to errors in care given to residents.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to appropriate medical and healthcare services. The inspector reviewed documentation that indicated residents had access to general practitioner services as required. Referral systems for other health and social care professionals such as tissue viability specialists, dietitian and physiotherapy services were in place, and referrals were seen to be sent promptly.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to a range of activities in line with their interests. Community involvement was supported and regular outings to the local town took place. Residents told the inspector they could exercise choice about how they spent their day. Participation in the organisation of the centre was supported through resident meetings, and the nominated resident ambassador.

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	
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Martha's Nursing Home OSV-0000291

Inspection ID: MON-0050480

Date of inspection: 20/05/2026

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**
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: • The Provider has submitted relevant notification to the Chief Inspector with regard to change in company directors. • The Provider will in future ensure that all relevant notifications are sent to the Authority in accordance with legislative requirements.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Provider has now submitted relevant information with regard to change in company directors and will ensure that in future all required notifications are submitted in accordance with legislative requirements. • There is a phased program of works in place to address essential works and repairs including replacement flooring and general refurbishment. This phased plan is outlined below under Regulation 17 and is currently ongoing.	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• A comprehensive review of premises was undertaken by the Person in Charge (PIC) and Facilities Manager prior to this inspection, and a Quality Improvement Plan (QIP) with achievable timelines was developed that includes a phased program of works that is currently ongoing and will include essential repairs, flooring replacement and decorative upgrades.
• This program of work includes:
• Phase 1 includes all work relating to Fire with a completion deadline of 30/06/26
• Phase 2 will commence 03/08/26 with an anticipated completion date of 04/09/26 and includes flooring and décor upgrade to corridor and dining room.
• Phase 3 will commence on 07/09/26 with an anticipated completion date of 20/11/26 and includes flooring and décor upgrade to bedrooms.
• Phase 4 will commence 16/11/26 with an anticipated completion date of 27/11/26 and includes furniture upgrade to communal room and bedrooms.
• The PIC will carry out a review of the external storage cabin, identify what equipment needs to be disposed of and ensure that this is completed with immediate effect.
• The PIC will monitor storage as part of Manager's daily walkabout audit and any items that are stored inappropriately will be removed.
• The PIC, with the support of the Healthcare Manager (HCM), will ensure Facilities works are escalated and reviewed with the Facilities team, and progress on the works reported are reviewed at the Monthly Governance meeting.
• The PIC, with support from Facilities team, will ensure that the cabin is deep cleaned, and that a comprehensive investigation is conducted to establish the source of mould.
• The PIC will ensure that a risk assessment regarding mould is completed and uploaded to the electronic risk register.
• The PIC will ensure that this cabin is closely monitored for the regrowth of mould and any concerns will be escalated as a matter of urgency.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
• The findings in relation to food and nutrition have been addressed by the PIC, HCM and the Catering Manager. A collaborative QIP has been developed to address the issues identified in relation to food and nutrition. Clinical and catering oversight of mealtimes and food service has been revised, and we will undertake an audit of the dining experience.
• The PIC will ensure that the Clinical Nurse Manager or Staff Nurse are present in the dining room during all mealtimes to provide supervision and to ensure that residents are

served meals in a timely manner.
• The PIC and Catering Manager will ensure that appropriately sized plates are provided and available for all residents at all mealtimes.
• The Catering Manager will monitor the presentation of food to ensure that it not only looks appetizing but is easily manageable for each resident.
• The PIC will monitor food presentation and the overall dining experience as part of Manager's daily walkabout audit.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Following a review of the findings of the Fire Safety Risk Assessment that was completed following last inspection, in relation to integrity of fire compartments/containment, a program of works to address these issues has been developed and all works are on track to be completed by the proposed timeline of 30/06/2026.
• The PIC, in conjunction with Facilities team, will review the fire evacuation procedures displayed within the Home and ensure that any conflicting information is removed and replaced with accurate evacuation maps that reference evacuating residents, thereby ensuring clarity and consistency which will avoid staff confusion in the event of an emergency requiring evacuation of the centre.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• The PIC will ensure that residents' care plans are person-centred and developed in consultation with the resident or their nominated representative.
• The care plan will focus on what matters to the resident and will incorporate the Age Friendly framework, the 4 m's (What Matters to Me, Medication, Mentation and Mobility).
• The PIC/CNM will complete a care plan audit monthly and develop a QIP as necessary, the results of which will be shared with nurses and used as an opportunity for learning.
• For those residents with weight loss, the PIC will ensure that appropriate assessments are carried out and the resident plan of care is accurately updated to ensure that the care interventions are appropriate.
• The PIC/CNM will monitor records of residents' weights and ensure that the information

recorded is accurate.
• The PIC/CNM will ensure that MUST assessments are completed as advised and referral is made to the Dietician for review where indicated; the results of this review will be documented in plan of care and shared at daily handover meetings and safety pause meetings.
• Findings and recommended improvements will be discussed at nursing staff meetings, daily handover/safety pause and at monthly management team meetings. Any changes or developments in the resident's condition or plan of care will be updated as they occur.
• The PIC will develop a QIP as necessary, the results of which will be shared with nurses and used as an opportunity for learning.
• The PIC and CNM will review the assessments and care plans with the named nurses to ensure that assessments inform the plan of care, that the care plan is individualised and person-centred, considering the resident's current medical, health and lifestyle status.

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
Registration Regulation 6 (4)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if it is proposed to change any of the details previously supplied under paragraph 3 of Schedule 1 and shall supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre for older people.	Not Compliant	Orange	30/06/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular	Not Compliant	Orange	30/11/2026

	designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	30/06/2026
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.	Not Compliant	Orange	30/11/2026
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/07/2026
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/06/2026
Regulation 5(4)	The person in charge shall formally review, at	Substantially Compliant	Yellow	30/09/2026

	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.			