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:	Ballinasloe Care Centre
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Bridge Street, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	07 April 2026
Centre ID:	OSV-0000361
Fieldwork ID:	MON-0046817

About the designated centre

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

At Ballinasloe Care Centre, we have an ethos of individualised care, encouraging and fostering a caring atmosphere. Ballinasloe Care Centre is part of Mowlam Healthcare Services Unlimited Company (UC) which is the leading provider of private nursing home care in Ireland. We are committed to enhancing the quality of life of all of our residents by providing high-quality, resident-focused nursing care, catering, service and activities, delivered by highly skilled professionals. Ballinasloe Care Centre is a purpose-built centre designed to provide such care for residents requiring continuing and short stays including respite and convalescence. The needs and wishes of Service Users are fully taken into account through their involvement in making decisions. The care centre provides care for people over 18 years of age.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17

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 7 April 2026	09:30hrs to 13:40hrs	Catherine Sweeney	Lead
Tuesday 7 April 2026	09:30hrs to 13:40hrs	Gordon Ellis	Support

What residents told us and what inspectors observed

Inspectors found that residents living in the centre enjoyed a satisfactory quality of life, and were cared for by a staff who demonstrated an awareness of their assessed needs and preferences. A programme of fire safety works and refurbishment was in progress at the time of this inspection.

Ballinasloe Care Centre is purpose-built, two-storey facility, located in the town of Ballinasloe, County Galway. The centre has capacity to provide accommodation for 60 residents. However, due to fire safety and refurbishment work required, the occupancy of the centre was limited to 21, through a restricted condition on the registration of the centre, to facilitate the refurbishment. A second condition was also attached to the registration, limiting occupancy to 21 until all required fire and premises works were completed.

On arrival to the centre, inspectors met with the person in charge. Following an introductory meeting, inspectors walked around the centre observing resident and staff interactions, care delivery and the care environment. There were 17 residents in the centre on the day of the inspection, and all residents were accommodated on the first floor of the centre. This was to facilitate refurbishment works in progress on the ground floor on the centre.

Residents were observed to spend their day in the communal areas, including the day room and the dining room on the first floor. Staff were observed attending to residents in a kind and respectful manner. The overall atmosphere was relaxed and conducive to social engagement. Staff were observed engaging with residents in a positive manner and demonstrated an awareness of residents' particular likes and dislikes.

The first floor on the centre had recently been refurbished to a high standard. Residents told the inspectors that they felt 'the place looked great' and that they were generally very happy with the changes to the centre. Bedrooms were freshly painted and had been personalised with furniture, pictures and ornaments of value to the residents. However, some bedrooms on the first floor were observed to be used for storage and office space, and not prepared for resident use.

Inspectors observed that there was limited outdoor space for residents to enjoy, while refurbishment work was on-going. There was a plan was in place to improve the garden area of the centre, due to be completed by April 2026.

The main kitchen on the ground floor of the centre was not operational on the day of the inspection due to ongoing fire safety works. The provider had an arrangement in place to have meals delivered for a local hotel while the works were in progress. Inspectors were informed that this arrangement had been in place for up to three weeks, and that the kitchen was due to open in the days following this inspection.

Breakfast and snacks were available and served from a small kitchenette on the first floor. Residents spoken with told inspectors that they enjoyed the meals in the centre.

Capacity and capability

This was a monitoring inspection, carried out by inspectors of social services, to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended), and to review the detail of an application to vary the conditions of the registration of the centre. The provider had applied to open the centre to admissions on the first floor, and to increase the occupancy of the centre from 21 to 34 residents.

The findings of this inspection were that residents received care in line with their assessed needs. However, a review of the fire safety systems found that the provider had failed to ensure adequate arrangements for containment, in the event of a fire emergency. In addition, management systems, such as the management of complaints and the identification of safeguarding concerns, were not fully in line with the requirements of the regulations.

The registered provider of this centre was Mowlam Healthcare Services Unlimited Company. There was a regional management team in place supporting the local care team consisting of a person in charge, and assistant director of nursing, a clinical nurse manager and a team of nurses, carers and support staff. All nurses were registered with the Nursing Midwifery Board of Ireland (NMBI). There was adequate levels of staff in the centre to meet the current needs of the residents.

There was an established management structure in place in the centre, and communication between the local team and the regional management was evidenced by weekly reports from the person in charge to the management team, clinical governance, and quality and safety meetings. However, this inspection found that the oversight and organisation of the fire safety works and refurbishment of the centre was not effectively communicated between the management team. For example, the centre was not prepared to be inspected following an application to increase the occupancy of the first floor of the centre. In addition, issues of fire risk, identified on previous inspections of the centre, had not been addressed. An urgent compliance plan was issued to the registered provider in relation to this issue following this inspection. The Chief Inspector accepted this urgent plan.

Staff had received training commensurate with their roles and were observed to be appropriately supervised. All staff had received up-to-date fire training following an adverse incident in the centre in September 2025.

Records were maintained in a safe and accessible manner in the centre. A certificate of insurance was available for review.

Inspectors reviewed the systems in place to manage complaints in the centre and found that, while the policy and procedure in relation to complaints was available, it was not consistently implemented.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to vary the conditions of registration of the centre had been reviewed. The application was accompanied by revised floor plans, a revised statement of purpose and the required fee. The findings of this inspection would inform a regulatory decision in relation to this application.

Judgment: Compliant

Regulation 15: Staffing

The staffing level and skill mix in the centre was appropriate for the needs of the residents, and for the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of a training matrix, compiled to record all staff training, found that all staff had received up-to-date training in mandatory fields such as fire safety, infection prevention and control, and safeguarding older adults.

Judgment: Compliant

Regulation 21: Records

A sample of records, set out in Schedule 2, 3 and 4, were made available and reviewed on this inspection. Records were found to be stored in a safe and accessible manner.

Judgment: Compliant

Regulation 22: Insurance

There was up-to-date insurance in place to protect residents against injury or loss.

Judgment: Compliant

Regulation 23: Governance and management

While there were appropriate management systems in place, these were not consistently implemented, resulting in poor oversight of some areas of the service including complaints management and fire safety. In relation to complaints management, a review of the residents' meeting notes found that concerns and expressions of dissatisfaction were not identified as areas where improvements could be made. For example, a resident had complained about noise levels during the building works, and this had not been managed through the centre's complaints management system to ensure a positive outcome for the resident.

In consideration of fire safety matters identified during inspection, the provider had not ensured that appropriate management systems were in place to ensure the service provided was safe, appropriate, consistent and effectively monitored.

The oversight of fire safety in the centre was not robust, and it did not adequately support effective fire safety arrangements.For example:

- poor oversight of fire precautions, fire containment, means of escape and management of ongoing construction activity, impacting fire safety. This resulted in an urgent action being issued to the provider.
- Issues of non-compliance in regards to deficiencies of fire doors on the first floor, external evacuation paths and fire action notices, identified on a previous inspection had not being addressed. This is outlined in detail under Regulation 28.
- An updated fire safety risk assessment and a valid fire safety sign-off, assessed by a competent person was not available to confirm that all the required fire safety works had been completed to a satisfactory standard.

An urgent action was required to be issued to the provider to ensure the safety of residents in relation to fire risks identified during the inspection, details of which are set out in Regulation 28.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A review of the complaints management systems found that complaints were not managed in line with the centre's own policy. For example, a number of recorded complaints had not been investigated and analysed for future learning, as required by the regulation. Furthermore, concerns and voiced complaints from residents were not always identified as complaints, and therefore, not managed to ensure positive outcomes for residents.

Judgment: Substantially compliant

Quality and safety

This inspection found that the residents in this centre received care that was aligned to their assessed needs, by a staff who respected their rights, and treated them with kindness. However, the care environment was not in line with the requirements of the regulations, and did not fully ensure residents' safety.

While significant refurbishment work had been completed to the first floor, including extensive repair work to the roof of the centre, and extensive fire safety compartmentation, issues regarding the integrity of some of the fire doors in the escape stairwell had not been addressed since the last inspection, posing a risk to the containment of fire and smoke, and the safe evacuation of residents in the event of a fire emergency.

Construction works on the ground floor had not been completed and were impacting on the day-to-day running of the centre. Fire doors fitted to the bottom of the protected staircases were observed to be compromised. This impacted on the containment of fire and smoke and the protected means of escape for residents accommodated on the first floor of the designated centre. Furthermore, poor oversight and management of ongoing construction activity were noted, all of which were impacting on fire safety.

The centre was found to be visibly clean in the majority of areas occupied by residents on the first floor. Residents' bedrooms had been freshly painted and decorated. However, due to the ongoing fire safety works on the ground floor, the kitchen was not operational and twin bedrooms on the first floor in use as storage and office space. Furthermore, a single bedroom was in use as a maintenance office, and there was limited outdoor space for residents to enjoy. As a result, the centre was not prepared for increased resident occupation.

Nursing records were recorded on an electronic documentation system. Each resident had a comprehensive assessment of their health and social care needs on

file. Care plans reviewed were developed from clinical and social assessments, and contained the details required to deliver safe, person-centred care. Residents had access to local general practitioner services, and there was a process of referral in place for specialised care such as dietitian, speech and language therapy, psychiatry of later life and palliative care.

A review of the risk management systems in the centre found that records of incidents and accidents were maintained. However, a review of the incident records found incidents relating to injuries to residents, where safeguarding consideration had not been ruled out. For example, an incident of unexplained bruising had not been screened for potential safeguarding concerns, in line with the centre's own policy.

Regulation 17: Premises

Overall, inspectors found that some improvement actions had been implemented since the last inspection in October 2025, and acknowledged that the majority of actions committed to by the provider were in progress in line with the compliance plan submitted following the previous inspection. The registered provider had a plan in place to address the external gardens, external paths that are in need of repair and the lack of separate en-suite storage for residents in four newly configured twin rooms on the first floor.

Significant refurbishment and repair had been completed to the roof and the first floor of the centre. A programme of fire safety works was in progress in the centre. Refurbishment work to the ground floor of the centre was ongoing and were not at a stage to be inspected following an application to increase the occupancy of the first floor of the centre. As a result of the delay, the kitchen was not operational. A single bedroom and twin bedrooms on the first floor were not set out for resident occupation and were instead functioning as storage and office space. Furthermore, there was limited outdoor space for residents to enjoy, while refurbishment work was on-going.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider was failing to meet the regulatory requirements on fire precautions in the centre and had not ensured that residents were protected from the risk of fire. The provider was non-compliant with the regulations in the following areas:

Day-to-day arrangements in place in the centre did not provide adequate precautions against the risk of fire. For example:

- The provider did not ensure that fire safety procedures were fully adhered to during the construction works that were currently underway. In particular, to ensure that contractors did not wedge open fire safety doors on staircases.

The arrangements for the maintenance of the means of escape, the building fabric and the building services were not fully effective. For example:

- A surrounding frame to cross-corridor fire doors were missing smoke seals on the first floor.
- Replacement of fire doors on the ground floor had not been completed. Fire seals, ironmongery, door closers and magnetic hold open devices had not been completed. Furthermore, emergency lighting, second fix electrical items and manual call points had not been completed.
- Issues previously identified in regards to paved external evacuation paths had not been addressed. Paths were uneven, undulating and created a trip hazard for residents to use in the event of an external evacuation
- Previously identified deficits to the fire doors on the first floor had not been addressed. For example, fire doors to a day room, a dining room, a treatment room and a nurse's station did not have fire seals fitted and a fire door to a treatment room was found to be twisted.

The registered provider did not make adequate arrangements for containing fires. For example:

- While fire stopping measure to the majority of the ground floor had been completed, an opening over a wall between a kitchen and a lobby was found to have not been addressed.
- Fire doors fitted to the bottom of the protected staircases were observed to be compromised. Fire doors were missing fire seals, were observed to have gaps and were found to be wedged open, which interfered with the closing mechanisms. One particular fire door into a staircase did not close when tested. This created a significant risk due to the on-going construction works being carried out on the ground floor. This impacted on the containment and the protected means of escape for residents accommodated on the first floor of the designated centre.

As a result, an urgent action was issued to the provider to confirm the actions to be taken to address these fire risks. Subsequent to the inspection, a satisfactory response was received from the provider and accepted by the Chief Inspector.

The displayed procedures to be followed in the event of a fire were not in place;

- While fire evacuation floor plans were on display, fire action notices for staff and visitors to refer to in the event of an evacuation were missing. This created a risk of confusion for staff and visitors in the event of a fire and was a repeated finding from a previous inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Each resident had a comprehensive assessment of need completed with an associated person-centered care plan, which was kept under review to reflect any changes in resident care needs.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical and specialist care through a process of referral.

Judgment: Compliant

Regulation 8: Protection

A review of the incident log in the centre found that an incident of unexplained bruising had not been screened as a possible safeguarding concern, in line with the centre's own safeguarding policy.

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 7: Applications by registered providers for the variation or removal of conditions of registration	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 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Ballinasloe Care Centre OSV-0000361

Inspection ID: MON-0046817

Date of inspection: 07/04/2026

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 Person In Charge (PIC) will ensure that there are clear guidelines in place for the effective management of complaints. • There is a monthly management team meeting in the home chaired by the PIC, which reviews all operational aspects of the home, including key performance indicators, risk management, incidents, and complaints. The HCM will attend the meetings to ensure that there is effective communication with staff regarding all relevant issues in the home. • The PIC/Clinical Nurse Manager (CNM) will continue to attend handover/safety pause meetings and ensure all information regarding residents' health and wellbeing, and any areas of concern are discussed and escalated in real time. • The PIC will continue to be supported by the HCM in the achievement of all required objectives and in ensuring that there are safe, high-quality systems of governance and management in place. • A Quality Improvement Plan (QIP) for the management complaints has been developed by the Quality Team and is available for all staff in the organisation's documents repository online. • Records of resident meetings will be reviewed and any issues or concerns will be recorded as complaints and investigated in accordance with the Complaints Procedure. • The PIC will ensure that all staff have up to date Fire Training and Fire Drills are completed simulating nighttime staffing levels in varying compartments. • A fire safety Quality Improvement Plan (QIP) has been developed by the PIC and HCM. • The PIC will ensure that the fire safety QIP is updated quarterly. Any high-risk items on the fire QIP will be discussed by the senior management team to ensure that appropriate mitigations are in place while the risk is being managed or eliminated. • The fire safety QIP has been updated to include completion of phase two of upgrade works. • A review of fire doors was completed, and repairs have been made to fire seals as required.	

• A Fire Safety Certificate is available in the Home.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

• The PIC will ensure the progress reports are reviewed daily to ensure that complaints or concerns that may have been recorded within the progress reports are recorded as complaints and managed in line with the centre's complaints procedure.
• The Quality and Compliance Coordinator (QCC) will review all complaints to ensure the oversight and monitoring of adverse incidents involving residents is effective, ensuring they were appropriately recorded, reported, investigated and notified to the Chief Inspector in a timely manner. Any deficits in staff knowledge or awareness will be escalated to the PIC and discussed as part of a Reflective Practice meeting.
• Complaints management training has been completed by the management team within the centre, and is available to all staff via the Learning & Development online Academy.
• Records of resident meetings will be reviewed and any issues or concerns will be recorded as complaints and investigated in accordance with the Complaints Procedure.
• The PIC will ensure that any concerns voiced by residents are discussed at daily handover and safety pause meetings and documented appropriately. When a complaint is logged, the PIC will ensure it is followed up in line with our complaints policy. Any deficits noted will be used as an opportunity for learning and further training.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

• Since the inspection the garden upgrade works have been completed, and the external paths have been repaired.
• The storage in twin rooms has been reviewed by PIC and there are now separate storage units in each twin room en-suite for each resident.
• All bedrooms have been restored to their intended purpose as bedrooms and all items of equipment are appropriately and safely stored. Office space is now available for use on the ground floor.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• An urgent compliance plan in response to fire safety concerns identified during the previous inspection was submitted to the Authority and accepted. This plan was successfully implemented while the ground floor works were being completed.
• All construction / upgrade works to the centre have now been completed so there are no longer contractors on site.
• A comprehensive review of fire doors has been completed and where necessary doors have been replaced, and all damaged fire seals have been replaced.
• All emergency lighting and manual call points work have been completed.
• The PIC will ensure that fire doors are checked as part of the daily Manager walkabout and any issues noted will be escalated immediately to the Facilities team.
• The external paths have been repaired so they are now even and do not pose a threat to residents' safety in the event of an evacuation.
• The PIC will ensure that all staff are familiar with the emergency plan that contains notices for staff that can be easily accessed when necessary and posted for staff and visitors to see,
• The PIC/CNM will ensure that the residents' PEEP is up to date and readily available for staff to use in the event of a fire / evacuation.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• The PIC will ensure that all staff receive regular mandatory safeguarding training and refresher updates annually, including training in the National Standards for Adult Safeguarding.
• The PIC, supported by the Healthcare Manager (HCM) will be aware of their responsibilities in recognising, reporting and responding to any allegations of abuse, including escalating any concerns appropriately.
• The PIC will ensure that any suspicion, concern, or allegation of abuse will be thoroughly investigated (including the notification of all such suspicions or allegations to the Authority) in accordance with the centre's Safeguarding policies.
• The PIC / CNM will review incidents weekly and ensure that unexplained bruising is captured appropriately and investigated in line with our safeguarding policies.
• The PIC will ensure that all documentation relating to preliminary screening is fully completed and uploaded to the electronic record.
• The PIC will ensure that a comprehensive review of wounds (to include unexplained

bruising) is completed by the Quality and Compliance Co-ordinator (QCC) assigned to the home. Following this review a detailed QIP will be developed and reviewed with PIC / CNM who will then ensure any follow up required is completed.
• The HCM will work with the PIC to ensure that recommendations and quality improvements are implemented.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(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	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.	Substantially Compliant	Yellow	30/06/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	30/06/2026

	suitable building services, and suitable bedding and furnishings.			
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	30/06/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	10/04/2026
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.	Not Compliant	Orange	31/05/2026
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a	Substantially Compliant	Yellow	30/06/2026

	resident's individual care plan.			
Regulation 34(7)(b)	The registered provider shall ensure that all staff are aware of the designated centre's complaints procedures, including how to identify a complaint.	Substantially Compliant	Yellow	30/06/2026
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	30/06/2026