

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

## Issued by the Chief Inspector

Name of designated centre:	Killeline Care Centre
Name of provider:	Killeline Nursing Home Limited
Address of centre:	Cork Road, Newcastle West, Limerick
Type of inspection:	Unannounced
Date of inspection:	16 October 2025
Centre ID:	OSV-0000423
Fieldwork ID:	MON-0047240

## About the designated centre

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

Killeline Nursing Home is located in the town of Newcastle West on the Cork Road registered to provide care for 63 residents. There are 47 single bedrooms and eight twin bedrooms all with en-suite facilities. The centre accommodates both female and male residents with the following care needs: general care, dementia specific care and acquired brain injury. There is also a dedicated wing for Alzheimer's and a secured unit for Acquired Brain Injury for people with challenging behaviour. There is 24 hour nursing care available. A full assessment shall be completed within 24 hours of admission which will include any updated information and care needs identified to develop appropriate care plans. The care plans will be completed within the 48 hour time frame and additional information can be added appropriately. We operate an open visiting policy within Killeline Nursing Home. Facilities provided are: quiet room, Polly tunnel, hairdressing, dining rooms and sitting rooms.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	62
--	----

## 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
Thursday 16 October 2025	10:25hrs to 18:30hrs	Rachel Seoighthe	Lead
Thursday 16 October 2025	10:25hrs to 18:30hrs	Una Fitzgerald	Support

## What residents told us and what inspectors observed

Overall, the feedback from residents living in Killeline Care Centre was very positive. There was a friendly and welcoming atmosphere in the centre, and staff were observed to be helpful and respectful towards residents. Inspectors heard positive comments such as, "I love it here", and "this is my home". Residents were complimentary of the service, and one resident told inspectors that the staff "couldn't be better".

On the inspector's unannounced arrival to the centre, they were greeted by the person in charge. Following an introductory meeting, inspectors spent time walking through the centre, where they met with residents and staff.

Located in Newcastle West, Co. Limerick, Killeline Care Centre provides care for up to 63 residents. There were 62 residents living in the centre on the day of the inspection.

The entrance foyer to the centre opened directly into an open reception area. A large communal sitting room was located adjacent to the reception. Inspectors noted that the sitting room, which was overlooked by a small nurses station, was arranged into different seating areas. There was a visitor's room adjacent to the sitting room. An enclosed courtyard garden was accessible from this area of the centre. The ground floor of the centre contained the Violet and Marigold units. The first floor of the centre comprised the Sunflower and Violet Two units.

There was constant activity in the communal sitting room on the ground floor and inspectors noted that staff were present to offer support and assistance to residents. There was a dining room nearby, which was used by many residents throughout the inspection. The area was spacious with sufficient furnishings for residents use. Residents who spoke with the inspectors were complimentary of the quality and quantity of the meals provided. The inspectors spent time observing the dining experience. Staff engagements with residents were patient and kind. Staff were observed sitting and chatting with the residents while providing assistance. Residents explained that they could choose to have lunch in the main dining area or in their own bedroom. At the time of inspection, the provider was refurbishing an area of the dining room, to further enhance the environment for residents.

Inspectors met with residents and staff in the Sunflower unit, where care was provided for residents who were living with dementia. There were several communal rooms in the Sunflower unit. The majority of residents were seen relaxing in the communal sitting room during the inspection. Staff were observed engaging in one to one activities with residents, which included table-top games and walks outside of the centre. Some residents living on the unit expressed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Inspectors observed that additional staff were present, to provide enhanced

supervision to residents. Other communal rooms in the Sunflower unit consisted of an activity room, and a dining room. Inspectors noted that residents had restricted access to this dining room.

Inspectors met with staff and residents in the Marigold unit, which was a secure unit for residents with complex care needs. There were 12 residents living on the unit at the time of the inspection, some of whom required enhanced supervision. A registered nurse and senior care assistant supervised the delivery of daily care on the unit. Inspectors found that the atmosphere was calm, and there were sufficient staff available to support the residents care needs. Staff were observed assisting residents with meals and activities in a kind and gentle manner. The care environment was clean and tidy, and at the time of inspection, work was underway to enhance the decor of the activity room located on the unit. Inspectors noted that a door from the communal sitting room opened into an enclosed courtyard garden. Inspectors found that the door was locked with a key which was held by staff. This arrangement meant that residents could not access the garden independently.

Resident feedback regarding the programme of activities which were held in the centre was positive. Residents described the variety of activities they could choose to attend. There was a member of staff appointed to facilitate activities seven days a week. In the morning, inspectors observed an exercise session. The person facilitating the session was familiar with the residents who attended and actively encouraged all residents to join in. The activities staff were familiar with the individual care needs of the residents and were knowledgeable on residents who choose not to attend group activities. Inspectors noted that time for individual activities with residents was allocated, in each unit.

Residents told the inspectors about outings that had occurred and how enjoyable the days out had been. These included visits to a local farm and trips to other centre's, to partake in a Botcha tournament. At the time of inspection the centre's bus was under maintenance, and residents told inspectors they were anxiously waiting an update on the return of the bus service. However, resident told inspectors that an interim arrangement for the use of taxi's was in place, and this was very much appreciated.

Residents confirmed that staff assisted them in a kind and patient way. Residents were happy with the frequency of showers. Residents were satisfied with the length of time it took for their call bells to be answered. Inspectors found that the care team were very knowledgeable regarding residents individual care needs.

There was sufficient space for residents to meet with visitors in private. Inspectors observed a number of residents receiving visitors during the inspection and found that appropriate measures were in place for residents to receive visitors.

Easy-to-read information booklets about safeguarding and the complaints procedure were displayed in the main reception, alongside information regarding advocacy services. Inspectors were informed that residents were supported to access this service, if required.

The next two sections of the report detail the findings in relation to the capacity and capability of the centre, and describes how these arrangements support the quality and safety of the service provided to the residents.

## Capacity and capability

This was an unannounced inspection conducted 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 follow up on the findings of the previous inspection in October 2024 in relation to Regulation 15: Staffing and Regulation 23: Governance and management. Overall, the inspection found evidence of sustained improvements in many aspects of the service, however residents' rights, premises and fire precautions were not fully aligned with the requirements of the regulations.

The centre was operated by Killeline Nursing Home Limited who were the registered provider for Killeline Care centre. A director of the company represented the provider entity. The person in charge worked full-time in the centre and they had senior clinical support from a regional operations manager and a quality manager. The person in charge was supported in their role by a full-time assistant director of nursing, who deputised in their absence. A team, including clinical nurse managers, nurses, health care assistants, activities coordinators, household, catering and maintenance staff made up the staffing compliment. The person in charge facilitated the inspection. They were an experienced nurse manager, who was appointed to the role in July 2025.

On the day of inspection, the number and skill mix of staff was appropriate, with regard to the needs of the 62 residents living in the designated centre. Communal rooms were seen to be supervised at all times and residents were observed receiving support in a timely manner. Residents who required enhanced supervision had these supports in place.

There was a training and development programme in place and staff were facilitated to complete training such as moving and handling, infection control, fire training, and safeguarding the vulnerable adult. Staff who spoke with inspectors were knowledgeable regarding fire safety procedures and the protection of residents. Inspectors found that the care team displayed good knowledge regarding residents' individual care needs and preferences.

There were management systems in place, including a programme of audits that included detailed reviews of wound care, nutrition, resident dining experiences, and complaints. Audits were used to identify areas of compliance and where quality improvement was required. For example, a resident dining experience audit was accompanied by a time-bound quality improvement plan, which was in progress at the time of inspection. An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained. Records showed that the

person in charge conducted a detailed falls analysis, and learning identified was used to inform quality improvement, in areas such as care planning. Notifications required to be submitted to the Chief Inspector were done so in accordance with regulatory requirements.

There were communication systems in place and records demonstrated that regular clinical governance meetings were used as opportunities to discuss topics such as health and safety, safeguarding and the premises. Clinical risks, such as those related to infection control, responsive behaviours, and restrictive practices, were analysed at monthly quality meetings and used to inform the centres' risk register.

Inspectors reviewed a sample of staff personnel files and found that they contained all the information, as required by Schedule 2 of the regulations. There was evidence that all staff had been appropriately vetted prior to commencing their respective role in the centre.

A review of the complaints records found that complaints and concerns were responded to promptly, and managed in line with the requirements of Regulation 34: Complaints procedures.

An annual report on the quality of the service had been completed for 2024 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team. An associated quality improvement plan was developed for 2025.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse who was employed full-time in the designated centre. They had the required skills and qualifications, as set out in the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of inspection, there was adequate staff available to meet the health and social care needs of residents living in the centre, considering the size and layout of the building.

Judgment: Compliant



## Regulation 16: Training and staff development

Training records reviewed by inspectors demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices, and the safeguarding of residents.

There were systems in place to supervise staff.

Judgment: Compliant

## Regulation 22: Insurance

There was an up-to-date contract of insurance in place against injury to residents, and other risks, including loss or damage to a resident's property.

Judgment: Compliant

## Regulation 23: Governance and management

There were effective governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored. The annual review of the service had been completed.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

A sample of contracts for the provision of care was reviewed by the inspectors. Contracts viewed were signed by the resident or their representative and included the terms of admission and fees to be charged for services provided.

Judgment: Compliant

## Regulation 34: Complaints procedure

Inspectors reviewed a sample of complaints and found that complaints records contained sufficient detail of the nature of the complaint, and the investigation carried out. Records also evidenced communication with the complainant and the complainant's satisfaction with the outcome was documented.

Judgment: Compliant

## Quality and safety

The findings on the day of inspection were that the provider was delivering good quality clinical care to residents, in line with their assessed needs. Residents had good access to health care services, including general practitioners (GP), dietitian, speech and language and tissue viability services. Clinical risks such as nutrition, falls and wounds were well monitored. Residents spoke highly of the quality of the service provided. However, resident rights, premises and fire precautions, did not align fully with the requirements of the regulations.

The centre employed staff who were dedicated to the provision of resident activities. The programme of activities included music, exercises, and gardening. Group trips outside of the centre were encouraged, and individual residents were supported to engage in regular outings in the locality. Residents had access to internet, local television, radio and newspapers. Residents' views on the quality of the service provided were sought through satisfaction surveys. Residents' meetings were convened regularly and meeting records indicated that residents were consulted about a variety of topics, including activities, the quality of food, and the complaints procedure. While residents rights' were generally promoted in the centre, inspectors found that restricted access to some communal areas did not ensure that resident choice was fully upheld.

A review of fire safety systems in the centre found that the provider was progressing with works that had been identified through a fire safety risk assessment. A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. Each resident had a completed personal emergency evacuation plan (PEEP) in place to guide staff on the safe and timely evacuation of residents in the event of a fire emergency. There was evidence that fire drills took place regularly and records were detailed, containing the number of residents evacuated, how long the evacuation took, and learning identified to inform future drills. Staff spoken to were familiar with the centre's evacuation procedure. However, inspectors found that some of the fire doors appeared damaged or ill-fitting, which may compromise the effective containment of smoke and fire in the event of a fire safety emergency.

The design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit

and warm. Residents' bedroom accommodation was individually personalised. A programme of maintenance work was ongoing. However, some areas did not align with the requirements of Regulation 17: Premises. For example, floor covering was damaged in some areas of the centre.

The centre had an electronic resident care record system. Records demonstrated that pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. Inspectors viewed a sample of files of residents with a range of needs and found that care plans were generally person centred, informative and reviewed in line with regulatory requirements.

Residents' health care needs were met through regular assessment and review by their general practitioner (GP). Residents were also referred to health and social care professionals such as dietitians and speech and language therapy, as needed. A physiotherapist attended the centre weekly and referrals were made to occupational therapy services as required. A tissue viability nurse was employed by the centre.

The provider had measures in place to safeguard residents from abuse. The provider acted as pension agent for seven residents and pensions were paid into a separate resident bank account. Records of each resident's payments and surplus amounts were maintained and made available to review. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse and training records identified that staff had completed up-to-date training in the prevention, detection and response to abuse.

Advocacy services were available to residents and there was evidence that residents were supported to avail of these services, as needed. Residents had access to religious services and resources, and they were supported to practice their religious faiths in the centre.

### Regulation 11: Visits

There were flexible visiting arrangements in place. Visitors were observed attending the centre throughout the day of the inspection. Inspectors observed that residents could receive visitors in their bedrooms or in a number of communal rooms.

Judgment: Compliant

### Regulation 17: Premises

The designated centre did not conform to the matters set out in Schedule 6 of the regulations in the following areas;

- Wall surfaces in some resident bedrooms were scuffed and paintwork was damaged.
- Floor covering in some resident ensuite bathrooms was damaged.
- Floor covering along some circulating corridors was worn and damaged.

There was a lack of suitable storage in the centre. For example:

- Large amounts of house-hold cleaning products were being stored in the sluice room on the ground floor of the centre.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The arrangements in place to ensure that the containment of fire and smoke in the event of an emergency was not adequate.

- There was visible damage to one cross corridor fire door.
- Gaps were visible underneath several cross corridor fire doors, and underneath several resident bedroom doors. This could compromise the effective containment of smoke and fire in the event of a fire emergency.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

### Regulation 6: Health care

A review of a sample of residents' files found that residents' health care needs were regularly reviewed by their general practitioner (GP). Residents were supported by allied health care professionals including a physiotherapist, dietitian, and a speech

and language therapist. The residents were also supported by the community palliative care and psychiatry for later life teams.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were observed to receive care and support from staff that was person-centred and respectful. Staff had up-to-date knowledge to support residents to manage their responsive behaviours.

The provider promoted a restraint-free environment in the centre in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. A safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. Safeguarding care plans were in place when required and detailed additional supportive measures in place to protect residents. In addition, staff knew the detail contained within the resident's safeguarding care plans.

Judgment: Compliant

### Regulation 9: Residents' rights

Inspectors found that resident choice was not always facilitated. For example;

- The dining room in the Sunflower unit was locked, outside of supervised meal-times. This meant that residents could not choose to attend their own dining room outside of planned meal-times.
- Access to the enclosed courtyard garden leading from the communal dayroom on the Marigold unit was restricted. At the time of inspection, the door leading to the garden was locked with a key, which was retained by a

member of staff. This meant that the residents could not access the outdoor area independently, at a time of their choice.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Killeline Care Centre OSV-0000423

Inspection ID: MON-0047240

Date of inspection: 16/10/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"><li>• A full environmental audit was completed on 24/11/2025 to identify areas where redecoration and flooring repair were required. A redecoration schedule has been established, prioritizing resident bedrooms with damaged wall surfaces. Painting works commenced on 05/12/2025 and will be completed by 31/03/2026.</li><li>• Damaged flooring in resident ensuite bathrooms and circulation corridors has been assessed by the maintenance team. Replacement works are scheduled to begin on 15/01/2026 and will be completed in phases by 30/04/2026, with high-traffic areas prioritized.</li><li>• A full review of storage capacity throughout the centre has been completed to ensure that all cleaning products and chemicals are stored safely and appropriately, in full accordance with Health and Safety regulations, Infection Prevention and Control standards, and COSHH requirements. A secure storage area for household cleaning products has been established. Appropriate signage and access controls will be installed to ensure the space is used exclusively for its intended function and remains compliant. The new dedicated storage area will be fully completed by 30th April 2026.</li></ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"><li>• A full internal fire door audit was completed by the Person in Charge and Maintenance Manager on 17/10/2025, assessing structural integrity, gaps, seals, and closers across all resident bedroom and cross-corridor fire doors.</li><li>• The damaged cross-corridor fire door identified during inspection was repaired on 24/10/2025 (completed).</li><li>• Three cross-corridor door sets requiring replacement have been ordered, with</li></ul>	

<p>installation scheduled for 19/12/2025.</p> <ul style="list-style-type: none"> <li>• Gaps beneath resident bedroom doors have been incorporated into a phased planned-works schedule, with all remedial actions due for completion by 31/03/2026.</li> <li>• The fire safety action plan was updated and submitted to the Chief Inspector on 14/11/2025, including revised control measures, updated risk ratings, and defined completion timelines (completed).</li> <li>• Ongoing oversight is maintained through weekly progress reviews by the PIC and Maintenance Manager, with updates reviewed monthly at Health &amp; Safety Governance Meetings (commenced 01/11/2025, ongoing).</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• The dining room in the Sunflower Unit is now accessible to residents throughout the day, with temporary closures permitted only for cleaning or safety reasons (implemented 24/11/2025). All staff have been briefed on this change to ensure consistency in practice (staff communication completed 24/11/2025).</li> <li>• The door leading to the Marigold Unit courtyard is now open daily, providing residents with full daytime access to the enclosed garden. Access is supported and supervised by staff to ensure residents' safety, while promoting safe and independent use of the outdoor space</li> <li>• Daily management walk-throughs have been initiated to monitor access to communal and outdoor areas, ensuring no restrictions are reintroduced without clear justification (commenced 01/12/2025, ongoing).</li> </ul> <p>Monthly audits of residents' access to communal and outdoor spaces are now included in the quality and safety monitoring process to ensure compliance with residents' rights (commence 01/12/2025, ongoing).</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	30/04/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	01/12/2025