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:	Rosemount House Nursing Home
Name of provider:	Rosemount Nursing Home Limited
Address of centre:	Garrabeg Road, Church Street, Gort, Galway
Type of inspection:	Unannounced
Date of inspection:	22 September 2025
Centre ID:	OSV-0004583
Fieldwork ID:	MON-0044632

About the designated centre

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

Rosemount House provides 24 hour nursing home care for adults ranging in age from 18 to 65 and older, both male and female, in a comfortable, relaxed and homely environment. Residents who require convalescent, respite, short and long term care with low, medium, high and maximum dependencies can be accommodated. The facilities include the single storey purpose-built nursing home and secure garden/courtyards.
The centre provides accommodation for 40 residents in single and twin bedrooms, a number of which are ensuite.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 22 September 2025	09:15hrs to 17:00hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

This unannounced inspection took place over one day. The inspector spoke with many of the residents living in Rosemount nursing home. The feedback from residents was positive. Residents had high praise for the team delivering the care. Residents told the inspector that the centre was a good place to live and attributed this to the relationships they had formed with other residents and staff. Residents were satisfied with the quality of care they received, and described how staff supported them to be independent. By way of example, when asked about the staff a resident clearly stated they "could not fault them".

Following an introductory meeting, the inspector walked through the centre, reviewed the premises, and spent time observing the care provided to residents, talking to residents and staff. Rosemount nursing home was a purpose built centre, registered to provide long term and respite care to a maximum of 40 residents. At the entrance to the centre, there was a reception desk. This area was clean and welcoming. Notice boards with information leaflets on how to make a complaint and how to access advocacy services were located at the reception area. The inspector observed that the version of the centres' complaints procedure guided residents to a complaints officer that no longer worked in the centre, which could cause confusion for residents or visitors who may wish to raise a complaint or concern.

There was a welcoming atmosphere in the centre. Notwithstanding this, the premises were not maintained in a satisfactory state of repair. Floor coverings throughout were in a poor state of repair, and consequently appeared unclean. The flooring was uneven and had multiple tears. In communal rooms, despite the floor having been cleaned, it remained sticky with furniture sticking to the floor. This was a risk to some residents who were mobilising independently around the centre.

Residents were accommodated in single and double bedrooms. The inspector observed that although shared bedrooms were sufficient in size, the design and layout of the double rooms did not meet the current residents care needs. Multiple bedrooms occupied by two residents had either no privacy screening or the position of privacy screens in shared bedrooms did not always provide residents with adequate privacy or equitable space. The inspector also observed wardrobe storage provided was inadequate to meet the needs of current residents. Due to the limitation of personal storage, which mainly consisted of a single wardrobe and bedside locker, some residents had to store their personal items in cardboard boxes at the foot of their beds.

In conversation with a resident, the inspector was told that there was an issue with the water supply. The inspector observed that the temperature of the water supply in multiple residents' bedrooms was piping hot which posed a risk of scalding. The resident told the inspector this meant that they were unable to wash their hair at their sink. On running the tap in multiple bedrooms the inspector was unable to leave their hand under the running water due to the high temperature. In addition,

on the morning of the inspection the main kitchen did not have access to hot water until after 10am.

Residents reported a high level of satisfaction with the quality of care and support they received from staff. By way of example, a resident told the inspector that the transition into a nursing home had been very difficult but that the staff had made them feel very welcome and had repeatedly reassured them "not to worry". Residents told the inspector that staff were prompt to answer their call bells and did not make them feel rushed. Although there had been a high level of staff changes the residents were familiar with the current staff that provided them with care and support, and this made them feel safe and comfortable in their care.

Residents told the inspector that the food served was of a high quality. Residents were satisfied with the choice offered. In conversation with a resident the inspector was asked to tell the staff that they were served the "best of food". Another resident told the inspector that they often requested a dish that was not on the menu and this alternative choice was given.

Throughout the day, residents were engaged in meaningful activities. Some residents chose not to participate in activities, and their choice was respected. Activities observed during the inspection included bingo and was attended by a group of residents. Residents told the inspector that they enjoyed the activities on offer.

The following sections of this report details the findings with regard to the capacity and capability of the centre, and how this impacts the quality and safety of the service being provided to residents.

Capacity and capability

This unannounced inspection was carried out by an inspector 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). Overall, the findings of this inspection were that the management systems in place to monitor and oversee the service did not provide adequate assurance that the service was appropriately resourced and monitored to ensure compliance with some of the regulations. While the direct provision of care was of a good standard, the premises remained in a poor state of repair. The provider had failed to implement the actions committed to following their last inspection in October 2024.

Rosemount Nursing Home Limited is the registered provider of the centre. On the day of inspection there was no person in charge of the centre as required by the regulations. While the Chief Inspector had been notified of a proposed candidate the notification could not be progressed due to the submission of incomplete

documentation. In addition, there was no clinical nurse manager in the centre to support the nurse in charge. This is a repeated finding from the last inspection.

The management structure consisted of a general manager and a registered nurse in charge. Roles and responsibilities were not clearly defined. In addition, there was no deputising arrangements in place for key management roles in the event of an unplanned absence. The inspector found that the current management structure was disjointed and there was no evidence to support that the current management team met to discuss the daily operations of the centre or the delivery of care to the current residents.

The team providing direct care to residents consisted of registered nurses, and a team of health care assistants. There were sufficient numbers of housekeeping, catering and maintenance staff in place. Staffing numbers and skill mix on the day of inspection were appropriate to meet the individual and collective needs of the current residents.

Although the provider had made arrangements to facilitate some training for staff, records viewed by the inspector on the day of the inspection indicated that multiple staff had not completed appropriate training. For example, not all staff had completed mandatory safeguarding training. Furthermore, the provider had not assessed the effectiveness of the training delivered. Multiple staff spoken with did not demonstrated appropriate awareness in relation to fire management. As a result of this finding, the provider was required to submit completed fire drills to provide assurances.

Risk management systems were underpinned by the centre's risk management policy. As part of the risk management systems, a risk register was in place to record and categorise risks according to their level and priority of risk. The management team could not clarify when the risk register had last been reviewed or updated. In addition, it was not known if the registered provider had oversight of the current risks in the centre. On review of the risk register, the risk associated with the current governance structure was not identified as a risk and therefore, a risk assessment and mitigating measures were not known or recorded.

Record management systems consisted of both an electronic and a paper-based system. A sample of staff personnel files were reviewed and did not contain all the information required by Schedule 2 of the regulations. This included a vetting disclosure for each member of staff in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021. In addition, staff files had significant gaps. This is a repeated non-compliance from the last inspection.

The nursing team held responsibility for the receipt and management of complaints. The complaints log reviewed evidenced engagement with the complainant. Satisfaction levels were also recorded. However, the inspector found that commitments made that enabled a complaint to be closed, had not occurred. For example, the replacement of flooring in the centre. Therefore, the document was not an accurate reflection of the outcome of the complaint. In addition, the provider

had not provided training to nominated complaints' officers to ensure that all complaints were managed in accordance with the centre's procedures.

Regulation 16: Training and staff development

Staff training was not adequate to protect and promote the care and welfare of all residents. This was evidenced by;

- There were eight staff that had not attended the fire training. Multiple staff demonstrated poor awareness on what action to take in the event of the sounding of the fire alarm. Further training in this area was required.
- There were 18 staff that did not have up-to-date training on safeguarding and safety. This meant that staff understanding of safeguarding could not be assured.
- There were 28 staff who did not have training in the management of responsive behaviours. At the time of inspection, there were multiple residents living in the centre with a diagnosis of dementia.

The supervision of staff practices was not always effective. Staff were not supervised to ensure that the cleanliness of resident equipment was maintained at an appropriate standard.

Judgment: Substantially compliant

Regulation 21: Records

Records were not consistently maintained as required by Schedule 2 and 3 of the regulations. For example:

- staff had commenced working in the centre prior to the receipt of valid Garda vetting.
- some staff personnel files did not contain evidence of staff members' qualifications, current registration details and did not include the required number of written references from previous employers.
- The complaints procedure had not been updated to reflect recent changes in the governance and management of complaints.
- The Statement of Purpose had not been updated to reflect changes in the governance and management structure.

This is a repeated non-compliance from the October 2024 Inspection.

Judgment: Not compliant

Regulation 23: Governance and management

The inspector found that the provider had not allocated adequate resources to the maintenance and upkeep of the premises. The provider had failed to implement the last compliance plan with regards to Regulation 17: Premises. This failure meant that the overall premises remained in a very poor state of repair which also impacted on the cleanliness of the premises.

The management structure did not fully ensure that there was robust oversight of all aspects of the service. The roles and responsibility of managers were not clearly defined and there was no deputising arrangements in place for key management roles. It was unclear who held responsibility to ensure that known risk was escalated to the provider. There was no documents available to evidence that the operations of the centre were discussed with the provider. This disjointed management structure was a risk to the overall operations of the service.

The inspector found that systems that would ensure that the service delivered to residents is safe and effectively monitored were inadequate and that no progress had been made following the last inspection of October 2024. The centre was moving away from regulation compliance. This was evidenced by;

- Ineffective communications systems. While the inspector was told that the senior management meetings occurred every two months, there was no evidence or copies of the minutes available. In addition, the person with responsibility for the direct provision of care was not in attendance at these meetings.
- While resident meetings were held, the minutes from the most recent meeting in May 2025 was not known to the nurse manager. This meant that any feedback expressed by residents was not known or considered in the operating of the centre.
- Poor monitoring of fire safety procedures. Staff responses in what action to take on the sounding of the fire alarm was poor.
- Significant gaps in the training of staff required by the regulations. For example, safeguarding training.
- Inadequate oversight of records management. For example, staff files did not contain the information required under Regulation 21; Records.
- The risk management systems were not effective. For example, the risk register had not been updated to detail the controls and action required to mitigate current risks.
- While there was ongoing audits of the environment, areas identified had not been addressed.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had not provided training to nominated complaints' officers to ensure that all complaints were managed in accordance with the centre's procedures. The inspector found that commitments made had not occurred. For example, complainants were assured that the flooring in the centre would be replaced in August 2025.

Judgment: Substantially compliant

Quality and safety

The inspector found that the interactions between residents and staff was kind and respectful throughout the inspection. Residents expressed satisfaction with the direct care received. However, this inspection found that the state of repair of the premises and the procedures in place to ensure that fire precautions were adequate was not in line with the requirements of the regulations.

Th inspector found that the premises were maintained in a very poor state of repair. The commitments made by the provider to improve the condition of the premises had not been honoured. The flooring throughout the premises were in a very poor state. The floor coverings were not safe. The joints in the floor covering were separating, resulting in the area not being amenable to effective cleaning, and presenting a trip hazard. The design an layout of multiple bedrooms was inadequate to meet the needs of residents. This meant that some residents had their personal items stored in cardboard boxes at the ends of their beds. The inspector found that the corridor walls were heavily marked. In addition, the inspector observed that multiple double bedrooms had no privacy screening in place despite the room having two occupants. This meant that the privacy of residents could not be guaranteed. Further detail of the findings are described further under Regulation 17; Premises.

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. A summary of residents' Personal Emergency Evacuation Plans (PEEP) were in place for staff to access in a timely manner in the event of a fire emergency. However, the inspector found that multiple fire doors were jammed open. A small number of fire doors when closed had gaps which meant that there was a risk that in the event of a fire, smoke and fire would spread. The inspector found that multiple staff spoken with were unclear on what action to take in the event of the fire alarm being activated.

A sample of residents' files were reviewed by the inspector. Residents' care plans and daily nursing notes were recorded through an electronic record system. The

inspector found evidence that residents' care plans were developed within 48 hours following admission to the centre to guide the care to be provided to residents. The inspector found that the care plans described residents' care needs and personal preferences in a detailed and person-centred manner.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise. There was evidence that recommendations made by professionals had been implemented to ensure best outcome for residents. For example, the inspector reviewed the care of residents who were being actively treated for a wound. The care of these residents was observed to be delivered to a high standard of evidence based nursing.

Mealtimes appeared to be an enjoyable experience for residents with good choice of both dinner and breakfast options available during the inspection. Social peer to peer interactions were observed. Assistance was available for residents who required it and staff were seen to be patient, calm and assisted residents in a respectful unhurried manner. Trolleys with snacks and drinks were observed throughout the day to ensure residents were well hydrated.

Residents had access to advocacy services and information regarding their rights. Residents were free to exercise choice about how they spent their day. Residents were seen to be enjoying the activities held on the day of inspection. The interactions between resident and staff were patient, kind and courteous.

Regulation 17: Premises

While there was ongoing maintenance in relation to the painting of resident bedrooms, there were areas of the premises that were not maintained in a satisfactory state of repair as required by Schedule 6 of the regulations. For example;

- the flooring throughout the centre was very worn, stained and damaged. Flooring along the main corridor and in communal rooms was observed to be damaged and ripped leaving uneven flooring that could be a falls risk to residents. This was a repeated finding.
- Floor covering, that was continued to form skirting at the base of the walls in a number of communal areas was peeling away from wall surfaces. Tape had been applied to the area in an attempt to cover the surfaces. However, this made the surface not amenable to cleaning.
- Screening in double resident bedrooms was not in place and so privacy could not be ensured.
- Resident equipment that was stacked and ready for use was visibly stained and unclean. In addition, toilet seat raisers had areas of rust that was not amenable to cleaning and so presented a risk of cross contamination.

- The temperature of the water form the hot water taps in resident bedrooms was too hot and was a scald risk.

This is a repeated finding from the last inspection in October 2024 inspection.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

The inspector found that information on advocacy services were on display. Residents spoken with said that they knew how they could avail of services such as the hairdresser and various activities.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had failed to take adequate precautions to ensure compliance with Regulation 28, Fire precautions. This was evidenced by;

- A small number of corridor fire doors, when released, had gaps which may not contain smoke in the event of a fire
- Emergency fire exit doors was not easily accessible to all residents using their evacuation ski sheet as there was a requirement to lift the resident over a ridge step out onto the outside path from the door. This was a potential risk to resident safety in the event of an evacuation.
- Staff responses on what action to take in the event of a fire were poor and inconsistent.
- Multiple Fire doors were wedged open with items of furniture.

- Fire drills were not completed at regular intervals which meant that the procedure to be followed in the case of a fire was not known to staff.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of resident care documentation found that each resident had a comprehensive assessment in place that guided the development of a care plan. Assessments were completed using validated assessment tools to identify residents clinical and social needs. Care plans were effective in guiding staff to deliver person-centred care. Records demonstrated that care plans were reviewed at intervals not exceeding four months, and more frequently, if required.

Judgment: Compliant

Regulation 6: Health care

Residents had access to allied health and social care professionals and access to a general practitioner (GP), as required or requested. There was clear evidence that advice received was acted upon. For example, the inspector reviewed a sample of wound care records in the centre and found that evidenced-based wound care was provided to residents. Wound prevention measures were in place and nursing staff had access to tissue viability expertise to support the management of residents wounds.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had not ensured that some residents could carry out personal activities in private. Residents' in a number of twin rooms could not undertake activities, such as dressing, in private. For example;

- The was no privacy screening hanging in multiple resident shared bedrooms. In addition, the privacy curtains in a shared bedroom did not provide sufficient coverage to ensure the privacy and dignity of both residents occupying the bedroom.
- Some residents in shared bedrooms could not access their wardrobe space, without entering their neighbouring residents private space.

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	
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Rosemount House Nursing Home OSV-0004583

Inspection ID: MON-0044632

Date of inspection: 22/09/2025

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 13 staff already trained. 11/12/25 next training. Training records in one place. 8 staff due training October 25 completed 12/11/25 Safeguarding training 11/12/25 plus online. Management of responsive behaviours training is being held on 11th December.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: An audit of personnel files was carried out after the last inspection but the practice is in the process of being repeated. All staff informed at interview no hours before satisfactory Garda vetting through. Complaints procedure updated. Statement of Purpose updated.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Future provider meetings will include the PIC and the General Manager and will be minuted.

In future all Residents Meeting will have the minutes available within 48hrs.

Regular fire drills are being carried out to familiarize the staff with what to do in the event of a fire and to ensure the process is safe and efficient.

Fire drills six weekly to cover each compartment.

All personnel files reviewed and audited.

The risk management register reviewed in November.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
All staff completed Complaints training.

An outside consultant has been contacted.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A water detection specialist has visited and made recommendations which have been carried out.

Outside engineer visiting to carry out a thorough survey of the fire system.

Flooring contractor visited, measured and colour scheme chosen.

All stained equipment has been discarded and raised toilet seats replaced where necessary.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Outside consultant requested to visit and assess the premises.

All residents PEEPS have been reviewed and updated.

Staff being routinely reminded by nursing staff not to wedge fire doors open.

6 weekly fire drills in place.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
A curtain supplier visited 08/11/25 assessed the five rooms

We will also review twin rooms and look to change wardrobe and/or chest of drawers to enable more direct access for each resident without having to cross over to another residents space.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	11/12/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/11/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by	Not Compliant	Orange	18/11/2025

	the Chief Inspector.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	10/12/2025
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	10/12/2025
Regulation 23(1)(c)	The registered provider shall ensure that there are deputising arrangements for key management roles in place.	Not Compliant	Orange	30/12/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	10/12/2025
Regulation 28(1)(b)	The registered provider shall	Not Compliant	Orange	01/12/2025

	provide adequate means of escape, including emergency lighting.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	24/11/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be	Not Compliant	Orange	24/11/2025

	followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/12/2025
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Substantially Compliant	Yellow	30/11/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	08/11/2025