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:	SignaCare Killerig
Name of provider:	Signacare Killerig Ltd
Address of centre:	Killerig, Carlow
Type of inspection:	Unannounced
Date of inspection:	06 August 2025
Centre ID:	OSV-0005454
Fieldwork ID:	MON-0047616

About the designated centre

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

SignaCare Killerig Nursing Home is situated a short driving distance from Tullow town in County Carlow. The centre provides accommodation for 55 residents. It caters for both male and female residents aged over 18 years of age. Residents are accommodated in 45 single bedrooms and 5 twin rooms, each with ensuite shower, toilet and wash basin facilities. Bedrooms are located on the ground, first and second floor. The ground floor mostly consists of spacious communal areas and various services such as catering, laundry and treatment rooms. Care services provided at SignaCare Killerig include residential care, convalescence, respite and palliative care for residents. The provider employs a team of staff in the centre to meet residents' needs. This team consists of registered nurses, care assistants, an activity coordinator, maintenance, housekeeping and catering staff. According to their statement of purpose, value is placed on the uniqueness of each individual and the centre is guided by a commitment to excellence that ensures every resident will enjoy passionate and professional care. They aim to enhance the ability of residents to participate in and contribute to daily life. Facilitating residents' independence and choice in how they plan their daily lives. The centre aims to provide a person centred approach to care where staff will endeavour at all times to deliver quality care informed by best practice and complying with all relevant standards and legislation ensuring the residents are involved in all aspects of planning and decision making.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53

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 7 August 2025	08:50hrs to 16:45hrs	Aislinn Kenny	Lead
Wednesday 6 August 2025	20:15hrs to 22:40hrs	Aislinn Kenny	Lead
Wednesday 6 August 2025	20:15hrs to 22:40hrs	Laurena Guinan	Support

What residents told us and what inspectors observed

This was an unannounced inspection that took place over two days. Inspectors met with 11 residents and six visitors during the inspection to gain insight into their experience of SignaCare Killerig Nursing Home. While there was good feedback from residents about the kindness of staff, residents throughout the centre told inspectors that they often had to wait for assistance from the staff. One resident spoken with told the inspectors 'If I needed someone I would go and find them, or if not, I would wait in my bedroom and staff would come eventually'. Two other residents told inspectors that at times they were waiting for staff to respond and another resident said "I never see them, it's ok if you're out in the communal area but not when you're in the bedrooms". Inspectors spoke with four visitors on the second day of the inspection, who mostly expressed their satisfaction with the centre. Visitors spoken with on the evening of the inspection told inspectors that they had waited some time for staff to come assist their relative, and that they had to go looking for the staff.

On arrival to the centre inspectors observed that most residents on the first and second floors were in their bedrooms. There were seven residents in the living room and three residents were walking around the ground floor. Staff were observed assisting residents to their bedrooms from the living room. One resident who was becoming restless was assisted by a health care assistant to move around and engage in conversation to help them relax. Staff spoken with told inspectors that residents are usually in bed by 9-9.30pm. Inspectors observed a number of residents watching late night TV in their bedrooms. One resident said that they often stayed up late and this was not a problem, but since the additional residents had been admitted, staff no longer had time to chat as before. Inspectors observed that staff were carrying portable call-bell receivers, which alerted them to which resident was calling.

Inspectors observed that staff were working together to provide care for residents however, the layout of the building meant that at times in the evening there were not enough staff to supervise residents. Two residents informed inspectors that other residents had wandered into their bedrooms and gotten into their bed, or had taken clothes out of their wardrobe. This had happened on more than one occasion. Another resident said that residents often wandered into their room but they were not bothered by this. Inspectors observed that, at times, the ground floor was unsupervised in the evening time.

Staff nurses were observed doing their medication rounds on both days of the inspection and these were seen to be completed within the appropriate time-frame for medication administration.

Residents' accommodation in SignaCare Killerig Nursing Home is provided over three floors. In May 2025 the registered provider opened 10 extra beds on the ground floor of the centre. The dining room, living room, quiet room, bar, prayer room and

multi-purpose room are also located on the ground floor. The ground floor also contains a coffee dock area and this was seen to be well used by residents and their visitors throughout the day of the inspection

On the second day, the inspector observed the morning routine for residents on all three floors. All residents had breakfast delivered to their bedrooms. The inspector observed that on the first floor, four out of eleven trays served to the residents contained bowls of porridge that were cold. The inspector discussed this with the staff member who said residents who wanted it hotter could ask for it to be re-heated. One resident confirmed to the inspector that the porridge was cold and they would prefer it hotter, another said it was cold but they didn't mind. Staff on this floor were assisting residents and delivering the breakfast trays throughout the morning.

After breakfast, many residents were observed gathering in the living room and were seen taking part in the morning exercises. Throughout the day residents in the quiet room were listening to relaxing music. At times throughout the day the inspector observed that this area was unsupervised. Staff on the ground floor were supervising the residents in the nearby living room and in the ground floor bedrooms.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 to 2025. Inspectors followed up on the provider's compliance plan response to the previous inspection in March 2025, which identified non-compliance with fire precautions and governance and management. Inspectors found that the provider had taken action to improve the environment since the previous inspection. Notwithstanding, some further action was required to bring the centre into full compliance with the regulations. The provider had varied their registration and added 10 extra beds to the centre in May 2025. This inspection found that staffing arrangements were not sufficiently robust to meet the needs of all the residents in the centre at all times. Furthermore, training and staff development required improvement to meet the requirements of the regulations.

The registered provider of the centre is Signacare Killerig Limited. The provider is part of the Virtue group who own and run a number of nursing homes in Ireland. A director of the company is involved in the operations of the designated centre. There was a clearly defined management structure in place, with identified lines of

authority and accountability. The person in charge was supported in the centre by a clinical nurse manager (CNM), and a team of nurses, health care assistants, maintenance, cleaning, catering and administration staff.

There were 54 residents accommodated in the centre on the days of the inspection. Based on observations and residents' feedback, inspectors found that the staffing levels and allocations on the evening of the inspection were not sufficient to meet the assessed needs and dependencies of residents. In addition, supervision of the dining room during mealtimes required improvement to ensure residents had the required support.

There was a training programme in place for staff, which included mandatory training and other relevant training to support provision of quality care. Inspectors found that staff had completed training in the areas appropriate to their role, including safeguarding vulnerable persons, people moving and handling, fire safety and infection control. Where gaps were identified there was a plan in place to address this.

The inspector reviewed minutes of meetings such as management team meetings, nursing team meetings, and care staff meetings. It was evident that key issues such as resident care, recruitment, maintenance and daily operations were discussed. The inspector saw that these meetings were held regularly in the centre to ensure effective communication across the service. The registered provider was trending falls in the centre and there was an analysis completed of the type and frequency of the falls. The inspector found that the provider had identified an increase in falls over the last four months and a particular high risk area was residents' bedrooms, which is where most falls had taken place. There had been a total of 45 falls from April to July, 31 of these were un-witnessed. The provider had developed a quality improvement plan in relation to this and had included actions such as increased training for staff, general pracitioner (GP) review and increased safety checks.

The quality and safety of care was being monitored through a programme of audits with associated action plans to address any deficits identified through the audit process. Call-bell audits had taken place as part of this process however, there was an issue with the centre's call-bell system not sounding on all floors and the system used to record response times was not reliable. This had been identified by the provider and while this was being addressed the person in charge had implemented a series of systems such as apps and pagers to respond to and record the call-bell response times. Nevertheless, it was unclear if this data was reliable due to the ongoing issues with the original system.

There was evidence of consultation with residents on the running of the centre through surveys and residents meetings. There was evidence that residents had been communicated with and provided feedback on their experience in the centre. Staff response times were discussed at every residents' meeting since March and residents were concerned by the length of time taken to answer the call-bells, however the provider had taken no action in respect of staffing levels. Other issues were discussed such as the temperature of the food and the laundry. A monthly

residents' newsletter was provided with pictures of residents enjoying the daily activities in the centre.

Regulation 15: Staffing

Inspectors were not assured that the numbers and skill mix of staff working in the designated centre was sufficient to meet the needs of the residents. This was evidenced by:

- Feedback from four residents and two visitors was that there were often delays in waiting for staff to attend residents' needs.
- There was an increase in un-witnessed falls in the centre with the highest overall recorded in July. The provider had completed a falls analysis and noted that un-witnessed incidents appeared more common during late hours and early mornings.
- Residents' meeting minutes from March to July showed that residents had continuously raised concerns around the length of time they were waiting for call-bells to be answered. The most recent minutes stated that residents were still concerned by the length of time taken to answer the call-bells, and some noted their call-bell had not been given to them on occasions or they could not reach it. Residents noted in the evenings staff take longer to respond.
- Supervision of resident areas on the evening of the inspection and the following day required improvement with some gaps noticed by inspectors where residents were not fully supervised.

Judgment: Not compliant

Regulation 16: Training and staff development

Supervision of staff at night-time required improvement to ensure more efficient oversight of residents' repositioning. Repositioning charts had not been fully filled out on the evening of the inspection and a resident who required assistance of two staff members for moving in the bed was repositioned by one staff on the evening of the inspection. This was not in line with local policy or best practice.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not ensured that sufficient resources were available to meet the needs of the increased numbers of residents, as outlined in Regulation 15: Staffing.

Inspectors found that that the management systems in place to monitor the service required to be strengthened in some areas. This was evidenced by:

- Call-bell reports demonstrated that there were some occasions where call-bell response times were lengthy. However, due to ongoing issues with the call-bell system there was no reliable documented audit of call-bell response times, or a time-bound quality improvement plan to address the possible risk to resident safety. Although aware of the recent delays to care and the increased number of residents, the provider had not considered increasing staffing levels as a mitigation measure.

While the provider had addressed the findings of the previous inspection, there were some outstanding items on the previous compliance plan as further outlined in Regulation 17: Premises and Regulation 28: Fire Precautions.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors found that the interactions between residents and staff were kind and respectful throughout the inspection. Residents reported that staff were gentle when assisting them with their care needs. This inspection found that further action was required in respect of food and nutrition, premises and fire precautions as further outlined under their respective regulations.

Overall, 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 nicely decorated, welcoming, well-lit and warm. Residents' living environment was maintained to a good standard. Communal spaces were comfortable and residents were provided with a variety of spacious communal areas, including dining and sitting room facilities. The centre was decorated to a high standard and residents were encouraged and supported to personalise their bedrooms in line with their individual preferences. Residents were accommodated in single-occupancy and twin-occupancy bedrooms. With the exception of the layout of one twin-occupancy bedroom, the residents' bedroom and communal accommodation met their needs. One item on the compliance plan from the previous inspection remained outstanding in relation to the ventilation of the pad storage room. The inspectors' findings are discussed under Regulations 9: Residents Rights and Regulation 17: Premises.

Laundry was still being provided from an external contractor on a weekly basis, an arrangement that was introduced when the provider carried out the extension of 10

beds to the centre. The inspectors were told this would continue until there was a full review of the in-house arrangements.

The provider had taken action to address fire safety risks identified on the previous inspection. There were measures in place to protect residents against the risk of fire. These included regular checks of means of escape to ensure they were not obstructed, and checks to ensure that equipment was accessible and functioning. However, inspectors found that simulated evacuation drills did not always reflect the numbers of residents who were evacuated and methods of evacuation used. This posed a risk to the safe and timely evacuation of residents in the event of a fire emergency.

The inspectors saw that residents had a choice of meals at lunch time, the meal was well-presented and residents who required dietary or speech and language services were referred as required and their recommendations implemented. The temperature of the tea and porridge had been raised by residents in the residents' meeting and the porridge was found to be cold for some residents on the morning of the inspection.

Residents' nursing care and support needs were met to a high standard by staff, and residents were facilitated with timely access to their general practitioner (GP) and health care professionals. Residents with wounds or impaired skin integrity had been reviewed by tissue viability nurses (TVN), this had taken place over the phone, online and in person. Care plans were updated on a regular basis as required.

The inspectors reviewed the arrangements for the storage and administration of medicines in the centre. Residents' medications were stored securely in the centre. There was a system was in place to monitor the record-keeping and storage of controlled drugs. Furthermore, arrangements were established to ensure that the pharmacist was available to residents as required.

Regulation 17: Premises

The registered provider had mostly addressed the findings from the previous inspection. However, the following remained outstanding;

- The layout and design of twin bedroom 39 still required review to ensure each resident had appropriate access to their own lockable storage space and wardrobe space. The registered provider informed the inspector they were awaiting consultation with an external contractor to best advise on this.
- There was mould on the ceiling and the walls of a storage room on the first floor, which was a repeat finding from the last inspection. While the issue was due to be addressed, the inspectors acknowledge that this room was no longer in use.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector saw that residents had a choice of meals and snacks were offered throughout the day, however, improvement was required to ensure that food and drinks were properly served;

- Feedback from residents to inspectors and at residents' meetings was that the tea was cold at times.
- The porridge given to some residents on the morning of the inspection was found to be cold; this had also been raised as an issue by a relative in the satisfaction survey.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvement was required from the registered provider to ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and, in so far as is reasonably practicable, residents are aware of the procedure to be followed in the case of a fire. For example:

- From a review of simulated fire drills that were taking place in the centre it was not always clear how many residents were evacuated and what type of aids were used.
- There was no evidence of vertical evacuations taking place in the centre despite assurances being provided in the previous compliance plan. As the centre was laid out over three floors this was a vital strategy of evacuation that staff should be knowledgeable and familiar with.

Work was outstanding to ensure adequate containment measures were in place to inhibit the spread of fire smoke and fumes within the centre, including:

- Four doors in the centre did not appear to provide adequate containment measures to contain fire smoke and fumes, and protect the escape corridor. The registered provider informed inspectors these had been ordered and were due to be replaced in four weeks time.
- A review of compartment lines had been undertaken by a suitably qualified person and the provider was required to regularise their fire certificate.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate systems in place for the safe storage and administration of medicinal products. The inspectors observed that the medicinal products were stored in a safe and secure manner. The medicine administration records indicated that all medicinal products were administered in accordance with the directions of the residents' general practitioner.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

From a sample of care plans reviewed residents had a comprehensive pre-admission and care plans were developed within 48hrs. These care plans reflected the residents' needs, were updated regularly.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to their general practitioners (GP's), allied health professionals and specialist medical and nursing services. This included psychiatry of older age, community palliative care and tissue viability specialists as necessary.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for SignaCare Killerig OSV-0005454

Inspection ID: MON-0047616

Date of inspection: 07/08/2025

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The provider acknowledges the inspectors' observations and the feedback received from residents and visitors regarding staffing levels, skill mix, and supervision within the designated center. We take these concerns seriously and are committed to ensuring safe, person-centered care. Actions taken: 1. Staffing Levels and Skill Mix o A full review of staffing rosters has been undertaken to ensure adequate cover, particularly during late evening and early morning hours when incidents of unwitnessed falls were noted. o An additional twilight shift has been introduced from 17.00 to 22.00 to assist in responding to residents' needs. o A skill mix review has been completed to ensure an appropriate balance of registered nurses and healthcare assistants on each shift. o A review of the staff allocation has been completed to ensure more oversight of the "quiet areas" in the center. 2. Falls Prevention o Following a falls analysis review, targeted interventions have been implemented, including increased supervision during high-risk hours. However, this analysis also confirmed that there was a change to some residents' condition which contributed to an increase in falls. o Ongoing monitoring of falls data is in place, with monthly reviews to assess the impact of interventions. o A positive reduction in the number of falls is however noted 3. Call-Bell Response Times o Staff have been reminded of the importance of prompt call-bell response and ensuring all residents have access to their call-bells at all times. o Daily spot checks are now carried out by nurse managers to ensure residents can reach their call-bells and that response times are monitored. o The answering of call bells is now included in all residents' meetings and improvements have been recorded.	

o The call bell system has been reviewed by an external supplier, whilst we are currently satisfied with its compliance this will continue to be monitored.
4. Supervision of Resident Areas
o Staff allocation has been revised to ensure continuous supervision of all resident areas
5. Resident Engagement
o Residents' meetings will continue to include a standing agenda item on staffing and call-bell response, so that concerns are addressed transparently and actions fed back promptly. Positive feedback has been noted.
Ongoing Monitoring and Assurance
The Person in Charge will continue to review staffing, call-bell response times, and supervision arrangements on a weekly basis and report findings to the provider. Corrective actions will be taken without delay should deficits be identified.

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
We acknowledge the findings regarding night-time supervision and repositioning practices. Immediate steps have been taken to reinforce compliance with local policy and best practice.

Staff have been reminded of the importance of accurate completion of repositioning charts, and monitoring systems have been strengthened to ensure these are consistently filled in.

It was recognised that two recording systems were used, this has been reviewed, and one system only is in place for residents' safety and care checks. Additional unannounced night audits have been implemented during evening and night shifts to ensure residents are repositioned safely and in line with their care plans, always with the required number of staff.

Unannounced manual handling audits have now been completed by our training manager to ensure best practice and identified learning regarding manual handling. This will be an ongoing practice.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
We acknowledge the findings relating to Regulation 15: Staffing, Regulation 17: Premises, and Regulation 28: Fire Precautions.
1. Staffing Resources (Regulation 15):
o A review of current staffing levels has been completed, considering the recent increase in resident numbers and acuity of need.
o Additional staff have been rostered to ensure timely and safe delivery of care i.e. A twilight shift from 17.00 to 22.00 is now included in the roster this commenced on 26/08/25
2. Call-Bell System Monitoring:
o The call bell system has been reviewed by an external supplier, whilst we are currently satisfied with its compliance this will continue to be monitored.

3. Outstanding Compliance Items (Regulation 17 & 28):
These are discussed under Reg 17 and Reg 28.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The layout of the shared bedroom 39 has been reviewed by an external contractor and a plan is in place for completion; this will take 12 weeks for completion as bespoke furniture is been manufactured. The ventilation system has been completed in the storeroom.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
• A full review of the food serving process was undertaken, and identified areas requiring improvement were addressed.
• The breakfast system was changed to ensure that individual trays are dispensed and served immediately to residents, maintaining correct food temperatures. The center uses a "hot box" for residents who do not attend the dining area. This is used for all meals.
• A follow-up residents' meeting confirmed that the actions implemented have been effective, with positive feedback received regarding the improvements.

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All simulated fire drills now document the number of residents evacuated and the equipment/aids used during the evacuation. Vertical evacuation drills commenced in the centre on 27th May and will continue on an ongoing basis. Fire doors that required replacing have been completed. A regularisation pack for the second-floor sluice room and toilet area has been initiated. This process is expected to take at least twelve months to complete. A review of the 60-minute fire door that was identified on the south hallway on the second floor will be carried out against the fire certificate. If required, adjustments will be made either by relocating one set of doors or by updating the fire certificate drawings. Our external fire consultants have reviewed the fire certs and will issue a response on the question about lift lobbies, which we will furnish to our regulator.	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	26/08/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	11/09/2025
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.	Substantially Compliant	Yellow	15/12/2025
Regulation 18(1)(c)(i)	The person in charge shall	Substantially Compliant	Yellow	11/08/2025

	ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.			
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	26/08/2025
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 followed in the case of fire.	Substantially Compliant	Yellow	06/10/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/10/2025