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:	Patterson's Nursing Home
Name of provider:	Ormond Healthcare Ltd
Address of centre:	Lismackin, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	07 July 2026
Centre ID:	OSV-0005573
Fieldwork ID:	MON-0050912

About the designated centre

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

Patterson's Nursing Home is situated in a rural setting approximately four miles from Roscrea town. The centre is a one-storey building that was established in 1991 and can accommodate 24 residents. There are grounds to the front with parking and a small enclosed garden area to the rear of the building, which provides a secure outdoor space with tables and chairs for residents use. The main entrance leads to a hallway with a visitors' room for residents and visitors to meet privately. Communal accommodation includes a large living room and a separte dining room. Residents' accommodation comprises single bedrooms and multi-occupancy bedrooms. The centre offers 24 hour nursing care and caters for male and female residents generally over the age of 65 years, including residents with dementia. Care was provided to residents under the age of 65, as required. The following categories of care are provided in the centre, which includes both long and short stays and caters for all dependency levels: General Care, Physical Disability, Dementia Care, Respite Care and Convalescence Care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 7 July 2026	09:40hrs to 17:25hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which was carried out over one day. The overall feedback from residents living in the centre was positive. Staff were observed to be helpful and respectful towards residents. Residents who spoke with the inspector were complimentary of the service provided to them, saying, "I would recommend it to anyone".

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

Located on the outskirts of Roscrea Town in Co. Tipperary, Patterson's Nursing Home provides care for up to 24 residents. There were 23 residents living in the centre on the day of inspection.

The designated centre is a purpose built, single-storey building. Communal spaces in the centre consisted of a dining room, a sitting room and a visitors' room. Residents' bedroom accommodation consisted of five single bedrooms, eight twin rooms and one triple room. Nine bedrooms had en suite facilities, and three communal toilet and shower facilities were provided. Residents were content with the size and layout of their bedrooms, and they told the inspector that they could personalise them as they wished. The inspector was shown items of significance by one resident, who described how they were encouraged to decorate their bedroom. Televisions and call bells were provided in all bedrooms. However, the inspector noted that a call bell was not provided in one resident shower room. The inspector observed that a number of battery-operated call bells in residents' ensuite bathrooms did not function on the morning of the inspection.

In the morning time, residents were observed relaxing in their bedrooms, and the inspector was greeted by several residents who were enjoying breakfast in the dining room. Other residents were getting ready for the day. The atmosphere in the centre was relaxed and welcoming. Residents who greeted the inspector appeared to be very comfortable and content.

The communal sitting room was bright and spacious, and the inspector observed that there was constant activity in this area throughout the day. Residents were engaged in the rosary and an art activity. In the afternoon, residents and staff gathered together to celebrate a residents' birthday. The inspector noted that a small number of residents who chose to relax in their bedrooms, or were unable to join the communal areas, were supported by staff throughout the day.

The outdoor area at the rear of the centre was well-maintained and easily accessible for residents to go outdoors independently or with support from staff, if required. This area was sheltered with a canopy, and a selection of colourful hanging baskets

were displayed on the wall. Garden furniture was provided for residents' use. A smaller, external courtyard was also available for those who wished to spend time there. This was designated as an outdoor smoking area, however the inspector noted that the location of call bell device in this area may not be easily accessible to some residents.

Residents spoke of their satisfaction with the activities and entertainment on offer. An activities board was displayed that detailed the planned activities for the day. Several residents told the inspector that there is always something interesting to do. Residents told the inspector that they enjoyed going for walks outside with their fellow residents, having singsongs, and playing bingo. Residents told the inspector that they had choice about how to spend their day and were seen moving freely throughout the centre.

The inspector observed a number of person-centered interactions between residents and staff during the inspection, and it was obvious that staff were aware of residents' assessed needs. In a conversation with one resident, they described their appreciation for the support they had received from staff since coming to live in the centre. Staff were described as 'caring and considerate'. One resident expressed a concern to the inspector, regarding the laundry service, which was addressed immediately by the person in charge. It was evident that the person in charge was well-known to the residents. Interactions observed by the inspector between residents, staff and management were respectful and kind.

Information regarding advocacy services was displayed in the reception area of the centre, and residents were supported access this service, if required.

Visitors were observed being welcomed into the centre throughout the day of the inspection. Residents met with their loved ones in their bedrooms or communal rooms.

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 to monitor the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended, and to review the registered provider's compliance plan following the previous inspection. This inspection found that the management team were working hard to enhance the resident care environment, and and the quality of care in the centre. However, premises and fire precautions did not achieve full compliance with the regulations.The provider had systems in place to monitor and review the quality of the service provided for the residents,

however this inspection found that management oversight of records, contracts for the provision of care services, and the complaints procedure was not fully effective.

Ormond Healthcare Limited is the Registered Provider for Patterson's Nursing Home. A director of the company represented the provider entity. The provider employed a general manager who provided operational support to the person in charge. The person in charge worked full-time in the centre and they were supported in their role by a full-time clinical nurse manager. There were deputising arrangements in the absence of the person in charge. A team of registered nurses, health care assistants, household, activity and catering staff made up the staffing compliment. At the time of inspection, there was a vacancy for one full-time maintenance person.

On the day of inspection, there was adequate staff available to meet the needs of the current residents, taking into consideration the size and layout of the building. The registered provider ensured that staff had access to a variety of training and education, appropriate to their role. There was a training and development programme in place, and records showed that staff were facilitated to complete training such as moving and handling, infection control, fire training, and safeguarding of vulnerable adults.

There were management systems in place to monitor the quality of care and service provided. A programme of audits were undertaken by the management team to measure the quality of care provided to residents, including infection control, falls, health and safety, and call bell response times. A review of completed audits found that they were effectively used to identify risks and deficits in the service. Quality improvement plans were developed and corrective actions were completed, where required. There was an electronic system in place to record incidents and accidents. A review of a sample of incident records demonstrated that corrective actions were recorded and incidents were closed out, however a record of investigation was not available for several incidents reviewed.

There was a policy and procedure in place to guide staff on the management of complaints. Records of complaints viewed by the inspector demonstrated that the management of complaints was not in line with the requirement of Regulation 34: Complaints procedures. For example, several complaints, which had been closed out, did not contain a record of an investigation report.

A review of a sample of the contracts for the provision of services in place for residents found that several residents who were admitted to the centre on a short-stay basis did not have a contract of care in place. This is discussed under Regulation 24: Contracts for the provision of care.

The inspector viewed a sample of staff files and found that they contained all of the information required by Schedule 2 of the regulations

The provider maintained a suite of written policies and procedures, as set out in Schedule 5 of the regulations.

Regulation 15: Staffing

On the day of the 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 the inspector 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 21: Records

The registered provider did not maintain records, as required under Schedule 2 of the regulations. For example:

- Records of the nursing care provided to residents were not accurately or appropriately maintained in line with the requirements of Schedule 3(4)(b). For example, some daily progress records did not provide staff with a comprehensive overview of the resident's current status. A sample of records viewed by the inspector indicated that multiple daily entries were copied and duplicated.
- Some records of adverse incidents involving residents did not contain all the information required under Schedule 3(4)(j) of the regulations. For example, there was no results of investigations or learning documented in response to several incidents.

Judgment: Substantially 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

Some of the management systems in place to ensure that the service was safe and effectively monitored were not fully effective. This was evidenced by:

- There was inadequate oversight of record management, complaints management, and contracts for the provision of care services.
- A comprehensive assessment of risk was not updated for a resident who smoked. This meant that not all appropriate steps were taken to identify hazards, to minimise the risk of an incident.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The provider had not agreed in writing, with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident. For example, residents admitted to the centre for a short-stay period had not been offered a contract of care regarding the terms on which they would reside in the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A review of the complaint management system found that some complaints were not recorded and managed in line with the centre's own policy, and the requirements of the regulation. For example, records of investigation were not available for several complaints or expressions of dissatisfaction with the service.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Written policies and procedures to inform practice were available for review. There was a system in place to ensure that policies and procedures were reviewed and updated. Records confirmed that the provider maintained policies and procedures in accordance with Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the standard of care provided to residents living in the centre was of a satisfactory quality. The inspector found that the provider was addressing actions committed to following the previous inspection, in relation to infection control. Residents' care needs were being met through good access to health and social care services and opportunities for social engagement. However, the care environment and fire safety systems did not achieve full compliance with the regulations.

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 clean, well-lit and warm. Residents' bedroom accommodation was individually personalised. Following a previous inspection, the provider had engaged with the Chief Inspector regarding proposed changes to the function of a utility room and a toilet, in order to enhance infection control arrangements in the centre. Proposed changes also included the removal of a fire door from one area of the centre. The provider committed to regularising the changes to the layout of the centre, by way of an application to the Chief Inspector, upon completion of works. A programme of refurbishment work was ongoing. However, at the time of inspection, floor covering was not provided in one area of the centre, and call bells were not available in some resident communal rooms.

The designated centre had a fire safety system in place, including fire-fighting equipment and a fire detection and alarm system. However, the inspector found that the arrangements for the detection of smoke and fire in one external area was not adequate. This meant that staff may not be alerted to a fire in this area. Furthermore, some cross corridor fire doors did not form an effective seal when closed. These findings are addressed under Regulation 28: Fire precautions.

A review of residents' care records demonstrated that each resident had a comprehensive assessment of their health and social care needs carried out prior to admission, to ensure the centre could provide them with the appropriate level of care and support. Following admission, a range of clinical assessments were carried out, using validated assessment tools, specific to each resident. The outcomes of

these assessments were used to develop an individualised care plan for each resident, which addressed their individual abilities and assessed needs.

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.

The centre employed staff who were dedicated to the provision of residents' activities. The programme of activities included music, exercises, and gardening. Group trips outside of the centre were encouraged, and residents were supported to engage in regular outings in a nearby town. 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.

The inspector found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished.

Regulation 11: Visits

There were flexible visiting arrangements in place. Visitors were observed attending the centre throughout the day of the inspection. The inspector 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 not conform to the matters set out in Schedule 6 of the regulations in the following areas:

- Floor covering was not available in one area of the centre.
- A call bell was not provided in a communal shower room.
- Several battery operated call bells did not function effectively.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Adequate precautions against the risk of fire were not taken in some areas. For example, the call bell device in the residents' smoking area was not easily accessible for some residents.

The arrangements in place to ensure that the containment of fire and smoke in the event of an emergency was not adequate. For example, several cross corridor fire doors did not close to form an effective seal when the door was released.

Fire detection was not provided in an external unit which contained equipment, records and staff facilities. Therefore, staff may not be alerted in the event of a fire in this area.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Individual assessment and care planning documentation was available for each resident in the centre. Records showed that care plans contained detailed, person-centred information, specific to the individual needs of the residents.

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 9: Residents' rights

Residents' social activity needs were assessed, and were met through access to a variety of meaningful individual and group activities that aligned with their interests and capacities. Residents were supported by staff to attend outings and integrate

with their local community. There was a varied programme of daily activities in the centre for residents to participate in, if they chose to. The registered provider had ensured that residents were consulted about the management of the designated centre through participation in residents' meetings and undertaking resident surveys. Resident had access to an independent advocacy service.
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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
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 9: Residents' rights	Compliant

Compliance Plan for Patterson's Nursing Home OSV-0005573

Inspection ID: MON-0050912

Date of inspection: 07/07/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
Following the inspection, the PIC reviewed nursing documentation and identified the nurses whose entries required improvement, particularly in relation to ensuring that nursing progress notes are comprehensive, individualised, contemporaneous and reflective of each resident's current status.

Nursing staff have been reminded that progress notes must reflect the resident's individual presentation, assessment and care provided during the relevant shift, and that copying or duplicating previous progress note entries is not acceptable practice.

Individual staff appraisals have been prioritised for the identified nurses. The issues identified during the documentation review will be discussed with the relevant nurses as part of their appraisal process. Where required, Personal Improvement Plans (PIPs) will be developed to support improvement in the quality and consistency of nursing documentation.

In relation to adverse incidents, incident reporting and management have been strengthened since the inspection. All incident reports will be reviewed by the PIC following their creation to ensure that appropriate interventions and follow-up actions are identified and implemented.

All incident reports will also be reviewed by the PIC prior to closure to ensure that the investigation undertaken, outcome, actions taken and any learning identified are appropriately documented within the incident record.

The PIC will continue to monitor nursing documentation and incident reports through regular review, audit and staff supervision. Any deficiencies identified will be addressed with the relevant staff member and followed up to ensure that the required improvement is achieved and sustained.
This ongoing management oversight will provide assurance that nursing records are comprehensive, individualised and contemporaneous and that adverse incident records demonstrate appropriate investigation, follow-up and learning.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
:A comprehensive risk assessment for the resident who smokes has been reviewed and updated. The assessment identifies the relevant hazards and the measures required to minimise associated risks.

The Centre has also reviewed its risk assessment systems and confirms that current resident risk assessments are up to date. Arrangements are in place to ensure that risk assessments are reviewed and updated in response to changes in residents' needs or identified risks.

Management oversight of complaints has been strengthened. The current complaints review process includes completion of the investigation section to ensure that complaints and expressions of dissatisfaction are appropriately investigated, documented and followed up. Complaints are reviewed prior to closure to ensure that the outcome, actions taken and any learning identified are appropriately recorded.

Management oversight of resident records has also been strengthened. The PIC will undertake regular review of relevant records to ensure that they are complete, accurate and maintained in accordance with regulatory requirements.

Contracts for the provision of care services have been reviewed to ensure that the required information is clearly documented and that contracts accurately reflect the terms and conditions of the resident's residency, including the services provided and applicable fees or charges. Management oversight arrangements have been strengthened to ensure that contracts are reviewed and updated where required.

The PIC will continue to monitor risk assessments, complaints, resident records and contracts for the provision of care services as part of the Centre's governance and management processes. Any deficits identified through these reviews will be addressed and followed through to completion to ensure that the improvements achieved are sustained.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

Contracts of care were already provided to long-term residents and residents admitted for respite care.

Following the HIQA inspection, the Centre extended this process to include residents admitted to the Short Stay Therapeutic Bed (HSE Bed).

Residents admitted for short-term therapeutic stays are now provided with an appropriate contract for care, which is agreed and completed in writing and sets out the terms and conditions of their stay, including the accommodation and bedroom arrangements to be provided.

The PIC will monitor admissions to ensure that an appropriate contract for care is provided, agreed and completed for all residents, including residents admitted for short-term therapeutic stays.

Compliance with this requirement will be monitored as part of the Centre's ongoing review of admission documentation.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The Centre has reviewed its complaints management process.

The current complaints review process includes completion of the investigation section to ensure that complaints and expressions of dissatisfaction are fully recorded, investigated and managed in accordance with the Centre's policy and regulatory requirements.

The process is being monitored by the PIC to ensure that appropriate documentation is maintained and that investigations, outcomes and any actions arising are appropriately recorded and followed through.

The PIC will continue to review complaints documentation to ensure that all complaints and expressions of dissatisfaction are appropriately recorded, investigated, responded to and closed, and that the outcome and any actions arising are clearly documented.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The missing floor covering on the corridor near Room 5 has been scheduled for repair. Works will commence on 7 September 2026.

A call bell has been purchased and installed in the communal shower room to ensure that residents have appropriate access to an emergency call system while using this area.

An additional call bell has also been purchased and installed for the residents' smoking area to further improve accessibility to the call system.

All temporary battery-operated call bells were reviewed following the inspection and are currently fully operational.

In addition to the existing daily checks of temporary call bells, the PIC now undertakes a weekly review of call bell functionality in conjunction with the Centre's fire safety checks. These checks are documented, and the weekly checklist has been updated to incorporate this additional monitoring requirement.

The Centre will continue to undertake daily checks of temporary battery-operated call bells and weekly PIC checks of call bell functionality, with appropriate records maintained. Any defects identified will be addressed promptly.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
An additional call bell has been installed in the residents' smoking area to improve accessibility and ensure that residents can readily summon assistance when required.

The cross-corridor fire doors identified during the inspection have been scheduled for replacement. Works will ensure that the doors close effectively and provide appropriate containment of fire and smoke.

The external Porta Cabin has been equipped with a smoke detector to provide appropriate fire detection and ensure that staff are alerted in the event of a fire in this area.

The Centre's fire safety monitoring has also been strengthened through the inclusion of call bell checks within the weekly fire safety review undertaken by the PIC. These checks are documented as part of the Centre's fire safety monitoring arrangements.

The PIC will continue to monitor fire safety systems, fire doors, fire detection and emergency call systems through scheduled checks and documented reviews. Any defects or deficiencies identified will be escalated and addressed promptly.

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	15/09/2026
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 the Chief Inspector.	Substantially Compliant	Yellow	15/09/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	15/09/2026

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	07/09/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	25/09/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	07/09/2026

Regulation 34(1)(a)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall make each resident aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Substantially Compliant	Yellow	07/09/2026