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:	Caherciveen Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Caherciveen, Kerry
Type of inspection:	Unannounced
Date of inspection:	18 June 2025
Centre ID:	OSV-0000562
Fieldwork ID:	MON-0044077

About the designated centre

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

Caherciveen Community Hospital is a 33 bedded facility situated on the outskirts of the Cahersiveen town, in South Kerry. Bedroom accommodation comprises eleven single bedrooms, five twin bedrooms and four triple bedrooms. Two of the single bedrooms are reserved for palliative care purposes and are self-contained in a separate wing that also includes a bedroom for relatives and a small sitting room with tea/coffee making facilities. The centre has a large recreational/sitting room, a dining room and two internal courtyards. The service provides care for residents requiring long-term care, respite, convalescent or palliative care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29

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
Wednesday 18 June 2025	09:20hrs to 16:40hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This was an unannounced inspection that took place over one day. Over the course of the inspection, the inspector spoke with six residents to gain an insight into what it was like to live in Cahersiveen Community Hospital. The feedback from these residents was extremely positive. Residents reported feeling safe and comfortable in the care of staff, who they described as friendly, and attentive to their needs. A large number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared to be content and their needs were attended to by staff, that were familiar with their means of communication and their preferred routines.

On arrival, an introductory meeting was carried out with the person in charge and the clinical nurse manager, followed by a walk around of the centre. This gave the inspector an opportunity to meet with residents and staff and to observe the residents' day-to-day routines in the centre. Cahersiveen Community Hospital is situated in the town of Cahersiveen, in South Kerry. The centre is registered to accommodate 33 residents in 11 single and nine multi-occupancy bedrooms. There were 29 residents living in the centre on the day of the inspection and four vacancies. The centre was attached to community health services such as day care, physiotherapy and speech and language. There was a secured door between the designated centre and these facilities. Residents were facilitated to attend the day care services and were seen to be assisted by staff to day care facilities on the day of this inspection. The inspector was informed that on occasion people from the day care services attended the centre for mass, which provided an opportunity for residents to meet old neighbours and friends.

The inspector noted that many resident bedrooms were personalised with items such as photographs, ornaments and soft furnishings. Bedrooms were found to contain sufficient storage for residents to store their personal belongings securely. Call bells and televisions were provided in all bedrooms and one resident was observed watching mass via a church Internet streaming site, which they reported to the inspector they loved having access to. The inspector observed that residents' bedrooms and communal areas and were generally well maintained, with the exception of some residents' bedside lockers and the laundry facilities. These findings are further detailed under Regulation 27; Infection Control.

The inspector saw that the large sitting room, was where a large proportion of residents spent their day. A musician attended the centre at 10:30am on the morning of the inspection and the inspector was informed that this occurred every Wednesday. Residents were seen participating by singing along and clapping with the music and they were clearly enjoying the session. A couple of residents sang songs using the microphone. There was a lovely atmosphere with lots of laughter and chat between the musician and residents. Several residents who did not wish to

participate in activities were observed relaxing in their bedrooms and the musician visited these residents in their bedrooms, in the afternoon.

Staff were observed throughout the day providing care to residents in an unhurried manner and engaging socially with residents about local news and their family. All residents in the centre were seen to be well dressed and it was apparent that staff supported residents to maintain their individual style and appearance. A resident told the inspector that staff helped them to choose their clothing daily. Call bells were seen to be attended to in a timely manner and it was clear that staff were familiar with residents' care needs.

Residents were complimentary about the quality of the food they received. The dining experience was observed to be a social and enjoyable experience for residents, with the majority of residents attending the dining room. Staff were available to provide discrete assistance and support to residents, if required. Food was freshly prepared and met residents individual nutritional requirements. Residents confirmed the availability of snacks and refreshments outside of scheduled meal times. There was a young volunteer from the local area playing soft music in the corner of the dining room, while residents enjoyed their meal.

Throughout the day, residents were actively engaged in a variety of meaningful activities. There was a detailed activity schedule developed in consultation with the residents. Residents were observed to be engaged in games, reminiscence, the rosary and other activities during the afternoon. A review of residents' meetings evidenced that residents had requested some days out to local beaches and sights during the summer and arrangements were being put in place for this. Staff were observed to engage in activities with residents and this added to the social experience for residents. There were many occasions throughout the day in which the inspector observed laughter and exchanges between staff and residents.

Residents were observed to be receiving visitors with no restrictions throughout the day and it was evident that visitors were welcome. The inspector spoke with three visitors in detail. They were complimentary of the care their family member received in the centre, one stating that it was a "wonderful place" and the community was "so lucky to have it".

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was an unannounced inspection conducted over one day, to monitor ongoing compliance with the regulations and standards. The last inspection of this centre

had been in July 2024. Overall, the findings were that a good standard of services were provided for residents in Cahersiveen Community Hospital. It was evident that the team focused on providing a quality service to residents and on improving their well being while living in the centre. However, actions were required in relation to the notification of incidents, care planning and fire precautions and these findings are detailed under the relevant regulations of this report.

The registered provider of Cahersiveen Community Hospital is the Health Service Executive (HSE). There was a clearly defined management structure in place. The senior management team with responsibility for the centre included the Head of Services and a General Manager for older persons, as well as a person in charge. The person in charge worked full time in the centre and were supported in their management role by a clinical nurse manager. There was also a team of nursing, health care, household, catering, activity and maintenance staff. The service is also supported by national centralised departments, such as human resources, fire and estates and practice development. There was clear lines of accountability and responsibility.

The provider had been granted a certificate of renewal of registration of the centre, effective from April 2024. As part of this process the Chief Inspector assesses the governance and management arrangements of the registered provider. Although it was evident that there was a defined management structure in place and the lines of authority and accountability were outlined in the centre's statement of purpose, the senior managers with responsibility for the centre were not named as persons participating in management on the centre's registration. The provider was required to review these arrangements and was afforded until October 31st, 2024 to do so. However, at the time of this inspection, these senior managers had yet to be named and the restrictive condition remained on the centre's registration. This finding is actioned under Regulation 23; Governance and Management.

The inspector found that staffing levels on the day of the inspection were sufficient to meet the assessed needs and dependencies of residents. Communal areas were appropriately supervised. Residents who required enhanced supervision were well supported. There was a training programme in place for staff, which included mandatory training in areas including safeguarding vulnerable persons, patient moving and handling and infection control. Training in other areas, such as end of life care and non cognitive symptoms of dementia was also provided, to support the provision of quality care.

Records of all accidents and incidents involving residents that occurred in the centre were well maintained. The inspector saw that there was a system in place to enable staff to report adverse incidents. However, investigations were not always completed to establish the root cause of these incidents and identify future learning, so that similar incidents could be prevented. Two notifiable incidents were not submitted to the Chief Inspector, as required by the regulations. These findings are actioned under Regulation 23 and 31.

There were systems in place to support the management team to monitor the quality of care provided to residents. There was evidence of regular staff and

management meetings to review key clinical and operational aspects of the service. Clinical governance meetings were held regularly and agenda items included care planning, infection control, wound management and complaints.

The provider had a range of management and oversight systems such as policies and a programme audits to monitor the quality and effectiveness of care and services provided to the residents. An annual report on the quality of the service had been completed for 2024 which had been carried out in consultation with residents.

An accessible and effective complaints procedure was in place. The complaints log was reviewed and showed that formal complaints were recorded in line with the regulations. Residents' complaints and concerns were listened to and acted upon in a timely, supportive and effective manner. All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely.

The following sections of this report detail the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service provided to residents.

Regulation 15: Staffing

On the day of inspection, there was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre. Residents spoke very positively about staff reporting they were kind, caring and respectful. The Person in Charge and the Clinical Nurse Manager supervised care delivery and supported the team.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspector indicated that staff were up-to-date with the centre's mandatory training requirements, with fire training for a small number of staff booked for the week following this inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had established and was maintaining a directory of residents in the centre and this included all information as outlined in the regulations.

Judgment: Compliant

Regulation 21: Records

Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that that the management systems required action as evidenced by the following findings:

- The system in place to monitor incidents and ensure learning from adverse incidents was not effective. For example, on review of incident documentation relating to medications errors it did not provide assurance that investigations were completed to establish the root cause and to identify future learning so that similar incidents could be prevented.
- The system in place to ensure that fire precautions are effectively monitored, as detailed under Regulation 28.

The registered provider had not complied with the restrictive condition placed on the centres registration. This condition stated that: "The registered provider shall, by 31 October 2024, submit to the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 as amended in relation to any person who participates or will participate in the management of the designated centre".

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Two notifiable events, as set out in Schedule 4 of the regulations, had not been notified to the Chief Inspector of Social Services, within the required time frames. These were subsequently submitted following this inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a complaints procedure and policy, which aligned with the requirement of Regulation 34. A review of the complaints recorded found that complaints were managed and responded to, in line with regulatory requirements. The satisfaction level of the complainant was recorded.

Judgment: Compliant

Quality and safety

Findings of this inspection were that residents living in Cahersiveen Community Hospital enjoyed a good quality of life and were in receipt of a high standard of care. Residents' health and social care needs were met to a good standard from a team of staff who knew their individual needs and preferences. Residents were satisfied with their access to health and social care. However, improvements were required in the areas of fire safety, care planning and infection control, as detailed under the relevant regulations of this report.

Residents were reviewed by a general practitioner (GP) as required or requested and they attended the centre three days per week. Arrangements 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 these professionals had been implemented, to ensure best outcomes for residents. A three monthly clinical review of all residents took place in the centre and was attended by the GP, physiotherapist, person in charge and the clinical nurse manager. There was also the availability of a consultant general surgeon from University Hospital Kerry, who ran a clinic from the adjoining community services building, where residents could attend if referred by their GP. This had a positive impact on residents as it prevented them from having to travel for this expertise.

The provider had implemented systems to safeguard residents from abuse. The procedure to safeguard residents was underpinned by a safeguarding policy that provided guidance and support to staff on the appropriate actions and measures to take to protect residents, should a safeguarding concern arise. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and

demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider had arrangements in place to appropriately support residents to manage their finances and were acting as a pension agent for some residents living in the centre.

Residents were complimentary regarding food, snacks and drinks. Food was prepared and cooked in the centre's kitchen. Choice was offered at all mealtimes, and adequate quantities of food and drinks were provided during the day and in the evening. Residents had access to fresh drinking water and other refreshments throughout the day. There was adequate supervision provided to residents who required assistance in a discreet, respectful manner at mealtimes.

There were measures in place to protect residents against the risk of fire and fire expertise available, if required for consultation. Staff were provided with training on fire safety yearly and this was being monitored by management. However, as per the findings of the previous inspection, action was required in relation to simulated evacuation drills, specifically of the large compartments to ensure that residents could be evacuated in a timely manner in the event of an emergency. The oversight of daily and weekly fire checks, to ensure that equipment was operating as required also required to be addressed. These findings are actioned under Regulation 28, Fire Precautions.

Overall, residents' rights were upheld by staff and residents were supported to make choices about their care and daily routines. These choices were respected by staff. Where a resident declined care or services this was respected by staff. Staff were seen to respect the privacy of each resident and were seen to knock before entering a resident's bedroom and sought the resident's consent before commencing care interventions. Residents had access to religious services and were supported to practice their religious faiths in the centre. An oratory was available to residents to say prayers or for quiet reflection.

Regulation 11: Visits

Visiting was taking place in the centre and residents were facilitated to meet with their families and friends in a safe manner.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available at the residents request. Menus were developed in consideration of residents individual likes, preferences and, where

necessary, their specific dietary or therapeutic diet requirements as detailed in the resident's care plan. Residents weights were monitored monthly and residents were referred to dietetics as required.

Judgment: Compliant

Regulation 27: Infection control

Some issues were identified which had the potential to impact the effectiveness of infection prevention and control within the centre and posed a risk of cross infection. This was evidenced by:

- Nebuliser masks were observed unclean in several residents' bedrooms and they were not stored in the recommended boxes, as per the centres policy.
- Some residents' bedside lockers were visibly unclean and one contained open wound care dressing products and open topical creams. Therefore, the effectiveness of these products could not be assured as they were not stored appropriately.
- The inspector observed that the laundry area was in a poor state of repair and did not support effective infection prevention and control. Floors and some equipment were visibly damaged, which increased the risk of cross contamination. There was also not a cleaning schedule of the laundry room maintained, to support the systematic cleaning of this area.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to comply with fire precautions evidenced by the following findings:

- There were two compartments in the centre that can accommodate ten residents. Although some fire drills were undertaken following the findings of the previous inspection of July 2024, the inspector was not assured from these drill records and from speaking to staff that these compartments, could be evacuated in a timely manner, when staffing levels were at their lowest. The provider is required to regularly undertake these drills with all staff to ensure they are competent to carry out a full compartmental evacuation, when staffing is at its lowest. This was a repeat finding.
- Daily fire safety checks were being completed Monday to Friday, however, however, there was not a staff member allocated to these checks at the weekend, to provide assurance that safety measures were in consistently in place.

- Weekly fire checks of the fire alarm were not consistently recorded, to provide assurance that safety measures were in consistently in place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was required in assessment and care planning evidenced by the following findings:

- A resident who had required wound care treatment did not have sufficient detail in their skin integrity care plan to direct care delivery, such as the frequency of dressing change. There was also not always consistency in the frequency of photographic assessment and measurement of wounds. This process required review to ensure that information was obtained and recorded to assist in determining if a wound is healing or not.
- Although validated assessment tools were being used to assess residents four monthly, information was not always used to inform care delivery. For example: a residents assessment indicated they were a high falls risk and required a hoist transfer, however, their mobility care plan did not outline the level of support required, as per their assessment.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to the general practitioner and a team of allied health care professionals including physiotherapy, occupational therapy, speech and language therapy, dietitian, palliative care and psychiatry of later life. Residents had access to an audiologist, as required. There was a pharmacist working in the centre weekly and they were available for consultation and support. There was a reported low incidence of wound development and the inspector saw that the risk of same was assessed regularly and appropriate preventative interventions including pressure relieving equipment were in use.

Judgment: Compliant

Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. The inspector followed up on the findings of the previous inspection with regards to the policy on the management of residents finances. It was evident that new systems had been implemented, to ensure that there was enhanced oversight of this process.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to an independent advocacy service and details regarding this service were advertised on the resident information board, displayed in the reception area of the centre. Residents' meetings were convened regularly to ensure residents had an opportunity to express their concerns or wishes. Minutes of residents' meetings indicated that residents were consulted about the quality of activities and planned outings.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Caherciveen Community Hospital OSV-0000562

Inspection ID: MON-0044077

Date of inspection: 18/06/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider has made representations under section 50 Health Act 2007 [as amended] in relation to Regulation 23 Governance and Management that the person who will participate in management of the designated centre is the Person In Charge, and their qualifications have already been submitted to the Chief Inspector pursuant to section (i) b (ii). The person in charge is supported by the Older Persons Services South West Region Arrangements for the monitoring, investigation and learning from incidents has been reviewed and a more detailed recording of investigation and learning has been put in place so that similar incidents could be prevented and all staff sign that they are informed of the review and learning. Arrangements to ensure fire precautions are effectively monitored are detailed under Regulation 28. **The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.**	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The Person in charge will ensure that that the Chief Inspector shall be notified of incidents within 2 days as per regulation 31	

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

In consultation the infection control link practitioner: there is a cleaning schedule for the cleaning of the nebulizer's storage boxes and all staff were informed and signed the policy for Adult Nebulizer Therapy.

Resident lockers were reviewed and a cleaning schedule is in place and audit of lockers is included in the local environmental audit schedule.

Cleaning schedule is put in place for the laundry and also included in the environmental audit schedule. Estates and infection control have been informed and a schedule for upgrade of the laundry and application for capital funding will be made on receiving upgrade report within the next 12 months

Regulation 28: Fire precautions	Substantially Compliant

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

Following the inspection, fire training was scheduled and fire drills were undertaken in the compartments that accommodate 10 residents, and significant improvement in evacuation times. On fire training, the evacuation drill of a 10 bedded compartment was completed in 5min 41 sec.

Evacuation drills are scheduled on a regular basis and shall be undertaken by Snr Enhanced Nurses to ensure that all are competent to carry out a full compartmental evacuation - with staffing at lowest level.

The staff member in charge is responsible to undertake the daily fire checks at the weekends. The Person in Charge will monitor compliance to ensure completion is embedded in practice.

The weekly recording of fire alarm checked has been allocated to the General Person and recorded with the daily fire checks log.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Wound care training and development is scheduled for the 22 July 2025, the residents skin integrity care plan has been reviewed to detail the frequency dressing change, frequency of photographic assessment and measurement of wounds and to evaluate the information obtained.

The Person in Charge is overseeing a review of all nursing documentation. All staff nurses have been informed to review their assigned resident's documentation and ensure that any information obtained in the residents assessment, is reflected in the resident plan of care.

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 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.	Substantially Compliant	Yellow	31/12/2025
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.	Substantially Compliant	Yellow	27/06/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures	Substantially Compliant	Yellow	31/12/2025

	consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	20/06/2025
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	25/06/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	19/06/2025
Regulation 5(4)	The person in charge shall formally review, at	Substantially Compliant	Yellow	28/07/2025

	intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			