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:	Kanturk Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Kanturk, Cork
Type of inspection:	Unannounced
Date of inspection:	07 August 2025
Centre ID:	OSV-0000572
Fieldwork ID:	MON-0044163

About the designated centre

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

Kanturk Community Hospital is a designated centre located on the outskirts of Kanturk town. It is operated by the Health Service Executive (HSE) and registered to accommodate a maximum of 29 residents. It is a single-storey building set on a large mature site. Kanturk Community Hospital has a range of single en–suite bedroom accommodation divided into four areas over one floor. The four areas each have a breakout space and are easily accessible to both the sitting rooms and dining room. Each area is a distinctive colour theme and this allows residents with cognitive impairment locate their area. Kanturk Community Hospital provides 24-hours nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided, mainly to older adults.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27

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	09:00hrs to 17:00hrs	Siobhan Bourke	Lead
Thursday 7 August 2025	09:00hrs to 17:00hrs	Erica Mulvihill	Support

What residents told us and what inspectors observed

The feedback from residents was that they were content living in Kanturk community Hospital, and that staff respected their rights and choices. The inspectors met with many of the 27 residents living in the centre on the day of inspection and spoke with eight residents in more detail to learn about their daily lives in the centre. The inspectors also met with six visitors who were very complimentary regarding the care residents received from staff.

The inspectors arrived unannounced to the centre and saw that staff and visitors were wearing face masks as there was a small number of staff and residents had contracted COVID-19. The inspectors complied with the guidance in place and followed the infection control precautions in place.

Kanturk Community Hospital is a single storey building, situated on a large site, which also accommodated the ambulance bay, mental health day services and community physiotherapy outpatients. A new purpose built part of the centre was registered to accommodate 29 residents in single ensuite rooms, since December 2023. Two bedrooms in the new part of the centre remained unregistered as residents' accommodation and were used as offices to facilitate construction works in the older part of the centre. The inspectors were informed by the management team, that the renovations and upgrades to the multi-occupancy rooms and offices in the older part of the building were completed, but outstanding certification from the builders was awaited before an application could be submitted to the office of the Chief Inspector to register these rooms. The inspectors saw that this area was closed off, as was the main entrance to the centre; and an alternative entrance was in use, which was clearly sign posted.

The inspectors walked around the centre to meet with residents and staff and saw that the centre was a very well ventilated, clean, bright premises. Directional signage was clear and the inspectors saw that many residents' rooms were personalised with family pictures and items of significance to residents. Comfortable chairs were available in each bedroom, which all had ensuite toilet and shower facilities. There was sufficient storage in each bedroom for residents' belongings. During the walkaround in the morning, the inspectors noted that some residents did not have call bells within easy reach and this was addressed by the person in charge.

There were a number of communal spaces in the centre such as a large day room, a large dining room, a family room, a visitors' meeting room and a second smaller day room that opened out into the courtyard. During the day, inspectors saw residents and their relatives enjoying the outdoor courtyard space for visits and chats.

An inspector observed the lunch time meal and saw that residents were offered a choice of main course for their lunch. New clothes protectors had been purchased since the previous inspection and staff were observed seeking consent from

residents before applying these. The texture modified diets were well presented and appeared wholesome and nutritious. Residents who spoke with inspectors were very complimentary regarding the quality, portion sizes and variety of food available. The inspector saw that residents were appropriately supervised during the meal and residents who required assistance were provided with this in a dignified and unhurried manner. The majority of residents chose to eat in the main dining room, while other chose to eat in their bedrooms.

The inspectors observed many kind and person centred interactions during the day and saw that staff were very familiar with residents' preferences and dislikes. Nursing and care staff greeted residents in a warm and friendly manner and gently encouraged some residents to engage in activities in the centre or to visit the dining room for their meals. Residents who spoke with inspectors confirmed that staff attended to their needs in a timely manner and they felt safe living in the centre. Residents described staff as "fantastic" and " excellent" and another said the centre was better than a "top class hotel."

Visitors were welcomed in the centre and visitors confirmed that they could come whenever they wished. A number of visitors recounted to an inspector that they were frequently offered a cup of tea during their visits and always felt welcome. Residents were encouraged to go out with their relatives where possible.

The inspectors saw that activities in the centre were scheduled over seven days of the week, with two staff assigned to this role. The day room displayed large posters of the Cork Rose who was from the local community and had visited the centre in the days before the inspection. During the morning, residents were chatting about the news in the papers and this was followed by a lovely singing session, whereby the activity staff played guitar and gave out hymn sheets to the residents. A number of residents were previously members of choirs and appeared to enjoy this activity. In the afternoon, a group of residents participated in a quiz and the inspectors saw that relatives who were visiting were encouraged to join in with the residents. Residents also had a visit from a therapy dog, Milo who visited the centre once a week with his owner and a second therapy dog also came for some visits.

Residents' meeting were held regularly and from a review of minutes of these meetings, it was recorded that residents were satisfied with the activities, food and the services available to them.

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 by two inspectors of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated

Centres for Older People) Regulations 2013 (as amended). Overall, the inspectors found that Kanturk Community Hospital provided residents with quality, safe care in accordance with their needs and preferences. Some action was required to ensure the management systems were effective to monitor the quality and safety of care provided to residents as outlined under Regulation 23 governance and management.

The registered provider of the centre is the Health Service Executive (HSE). The person in charge worked full-time in the centre, and was knowledgeable about their role and responsibilities. They were supported by a clinical nurse manager and a team of nursing, healthcare, household, catering, activity and laundry staff. Maintenance staff were accessible through the nearby Mallow General Hospital. The person in charge reports to a General Manager in the HSE, who inspectors were informed they were available for consultation and support where required to the person in charge. There was evidence of good communication via older persons' management team meetings, and quality meetings, which were reviewed and found to detail and discuss all areas of governance regularly.

The provider has been granted a certificate of renewal of registration of the centre which took effect from June 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 clearly defined management structure in place, and that the lines of authority and accountability were outlined in the statement of purpose, the senior managers with responsibility for the centre were not named as persons participating in management on the centres' registration. The provider was required to review these arrangements and was afforded until the 31st of October 2024 to do so. However, at the time of this inspection, senior managers had yet to be named on the centre's registration. This finding is actioned under Regulation 23: Governance and Management.

The governance and management structure within the centre was well organised. The provider had a schedule of audits in place to monitor key risks to residents such as falls, nutrition and hydration and medication management. From a review of records of medication incidents and medication audits in the centre, inspectors were not assured that these systems were sufficiently robust to prevent recurrence as outlined under Regulation 23 governance and management.

Staffing levels on the day of the inspection were sufficient to meet the needs of residents. Staff were observed to be well known to them and were knowledgeable about their care needs. Training records reviewed by the inspectors confirmed that staff training was provided through a combination of in-person and online formats. Overall training in the designated centre was kept up to date, with the exception of responsive behaviour training; over 50% of staff required updated training in this area. The person in charge and the clinical nurse manager had recently received "train the trainer" training to be able to facilitate responsive behaviour sessions and care of the deteriorating resident sessions to staff. Training was planned for September 2025 by the management team in these areas.

A sample of records reviewed by inspectors in the centre were found to be well maintained and securely managed. The inspectors reviewed a sample of staff files.

The files contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

The person in charge informed the office of the Chief Inspector of notifiable events in the specific time frames in accordance with Regulation 31: Notification of Incidents.

A record of complaints viewed by inspectors demonstrated that the management of complaints was in line with the requirement of the regulation. Information in complaints was used to improve services for residents and follow up with the complainant was evident.

Regulation 14: Persons in charge

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

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, there was sufficient nursing and care staff on duty who had appropriate knowledge and skills to meet the needs of the 27 residents living in the centre, taking into account the size and layout of the centre. The centre had a full care staff complement of 10 staff including the person in charge, clinical nurse manager, four staff nurses, three health care assistants and one activity staff Monday to Friday, and a complement of eight care staff on weekends including four staff nurses, three health care assistants and an activity staff member.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed on the day of inspection, demonstrated that staff were facilitated to attend training and training was scheduled to ensure ongoing refresher training for all staff. There was satisfactory arrangements in place, for the ongoing

supervision of staff, through daily management availability and through probationary, induction and performance review processes.

Judgment: Compliant

Regulation 21: Records

A review of the records in the centre found that the management and storage of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not complied with the restrictive condition placed on the centre's registration. This condition stated that: "The registered provider shall, by 31st of 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".

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c), were not sufficiently robust as evidenced by the following.

- Inspectors noted that while medication errors were recorded by the management team in the centre, there was no evidence that these incidents were investigated, or any action taken to reduce the risk of recurrence for the safety of residents.
- A recent medication management audit undertaken by the management team had found areas of non compliance with medication management, however again there was no evidence of action or learning from this audit to inform staff processes around medication management to improve practices.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of care were reviewed. Each contract outlined the terms and conditions of the accommodation and the fees to be paid by

the resident or their representative. Their bedroom allocation was also detailed as per regulatory requirements.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose for the centre was accessible and updated every year as required. It contained the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector, as per regulatory requirements, within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspectors saw that the complaints procedure was displayed in the centre. Residents who spoke with inspectors were aware how to make a complaint if they wished to do so. There was a low level of complaints recorded in the centre and from a review of these records, it was evident that they were managed in lined with the centre's policy.

Judgment: Compliant

Quality and safety

The inspectors found that residents living in Kanturk Community Hospital were supported to have a good quality of life and their rights and choices were promoted and respected by staff. Residents told the inspectors that they felt safe and well cared for. Many of the actions required from the findings of the previous inspection

had been actioned, however, improvements were required under food and nutrition as outlined under Regulation 18.

Residents were provided with a good standard of nursing and health care and records indicated residents had regular medical reviews. General practitioners were on site in the centre each weekday to review residents as required. Residents also had access to allied and specialist services, such as dietitians, physiotherapists and occupational therapists as required.

Residents' nursing and healthcare records were maintained in paper format. Resident's care needs were assessed through a suite of validated assessment tools to identify areas of risk specific to residents. Care plans were informed through the assessment process and developed in consultation with residents where possible. The inspector reviewed a sample of records and found that care plans were detailed enough to direct care and were person centred.

Residents' nutritional care needs were assessed to inform the development of nutritional care plans. These care plans detailed residents' dietary requirements, monitoring of residents' weights, and the level of assistance each resident required during meal-times. There were appropriate referral pathways in place for the assessment of residents identified as being at risk of malnutrition by a dietitian, however delays to access to speech and language therapy services remained for residents living in the centre as outlined under Regulation 18 Food and nutrition.

The centre was actively promoting a restraint-free environment and the use of bed rails in the centre was low. Restrictive practices were only initiated following an appropriate risk assessment, and in consultation with the resident concerned, where possible.

The premises was well maintained and the bedrooms that had been used as storage rooms for equipment had been cleared, since the previous inspection, so they now could be used for resident accommodation.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. Residents told the inspectors that they felt safe living in the centre.

A review of fire precautions in the centre found that records, with regard to the maintenance and testing of the fire alarm system, emergency lighting and fire-fighting equipment were available for review. Arrangements were in place to ensure means of escape were unobstructed. Each resident had a personal emergency evacuation plan (PEEP) in place to support the safe and timely evacuation of residents from the centre in the event of a fire emergency.

Resident's rights were promoted in the centre. Residents were supported to engage in group and one-to-one activities based on residents' individual needs, preferences and capacities. The inspectors found that there were opportunities for residents to participate in meaningful social engagement and activities. Resident meetings were

held and records reviewed showed good attendance from the residents. There was evidence that residents were consulted about the quality of the service, the menu, and the quality of activities.

Regulation 11: Visits

Visitors were warmly welcomed to the centre and visitors who spoke with inspectors confirmed that visits were unrestricted.

Judgment: Compliant

Regulation 12: Personal possessions

The inspectors saw that residents' clothes and linen was laundered on site and returned to residents in a timely manner. Residents who spoke with inspectors confirmed that they were satisfied with the service provided. The inspectors saw that there was enough space in residents' bedrooms to store residents clothes and their personal possessions.

Judgment: Compliant

Regulation 17: Premises

The inspectors saw that the premises was appropriate to the number and needs of residents in accordance with the statement of purpose. The purpose built part of the centre where residents were living was designed and well laid out to ensure residents had access to communal and private spaces in line with their assessed needs. Residents could freely access two courtyard spaces which were well maintained and furnished with tables and chairs for residents and their relatives' use.

Judgment: Compliant

Regulation 18: Food and nutrition

While improvements were seen to the presentation of textured modified meals since the previous inspection, access to speech and language therapists remained a concern for staff and management working in the centre. The management team

reported that delays with accessing speech and language therapists for residents remained. This meant that residents may not receive the required assessments in a timely manner.

Judgment: Substantially compliant

Regulation 28: Fire precautions

An inspector reviewed the fire safety management folder. Residents living in the centre had personal emergency evacuation plans in place. A number of compartment fire doors had been upgraded since the previous inspection. Records provided indicated that staff were up-to-date with annual fire safety training and evacuation of compartments with minimal staffing was undertaken. There was evidence that quarterly and annual servicing of the fire alarm system and the emergency lighting was undertaken, however, records to indicate these were compliant were not available on the day of inspection. These were submitted after the inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

An inspector observed a sample of medication administration in the centre and saw that it was in line with professional guidelines. Controlled drugs were appropriately stored and there was evidence of checks of stocks in place at each change of shift. A new medication administration record had been implemented in the weeks prior to the inspection. Staff reported to the inspector that they had training on its implementation. While medication practices observed on the day of inspection met the requirement of the regulation, the inspectors were not assured that management and oversight of medication errors in the centre were robust as outlined under Regulation 23; Governance and management.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

An inspector reviewed a sample of care plans and saw that validated assessment tools were used to assess risk to residents and inform care planning. Residents' care plans were reviewed every four months and it was evident that residents had care plans prepared within 48 hours of admission to the centre. One care plan was

updated on the day of inspection, to reflect that the resident was colonised with an MDRO so that could direct care appropriately in the event that the resident acquired an infection.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate health and medical care, including evidenced based nursing care. Residents had timely access to medical assessments and treatment by their General Practitioners (GP), who attended each week day from local GP practices. A GP was onsite on the day of inspection reviewing a number of residents. A community specialist nurse from the palliative care team was also on site on the day of inspection. Other community services available were review from consultant geriatricians and mental health services when required. Residents had access to dietitians, physiotherapists and occupational therapy services and there was evidence that residents were referred and reviewed as required. Access to speech and language therapy services is discussed under Regulation 18; Food and nutrition.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up to date knowledge and training and skills to care for residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). It was evident to the inspectors that a restraint free environment was promoted as there was evidence of alternatives to bed rails in use in the centre, such as crash mats and low beds. Residents had risk assessments completed by nursing staff, prior to any use of restrictive practices. Residents were observed to receive care and support from staff that was person-centred, respectful and non-restrictive.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to safeguard residents and protect them from the risk of abuse. Staff were provided with in-person training on safeguarding vulnerable

adults. Residents reported that they felt safe living in the centre. Any incidents or allegations of abuse were reported investigated and managed by the person in charge.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities, seven days a week. Residents who spoke with inspectors, expressed their satisfaction with the variety of activities on offer. Residents were provided with the opportunity to be consulted about and participate in the organisation of the designated centre by participating in regular residents' meetings and taking part in resident surveys. Residents who spoke with the inspectors stated that they could exercise choice about how they spend their day, and that they were treated with dignity and respect. Residents had access to advocacy services when required.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kanturk Community Hospital OSV-0000572

Inspection ID: MON-0044163

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 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• 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 Cork Kerry Community Healthcare.

• The current medication error management system has been reviewed by the management team in order to provide clarity and evidence of an appropriate investigation of any incidents that have occurred. All incidents and the management of same will be discussed at team talk/safety pause to ensure resident safety.

• A new management review sheet has been developed that reflects how management review and manage all medication incidents, this review sheet is now in operation and will be included for discussion at staff meetings going forward.

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 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

• Any residents identified with swallow deficits are reviewed by the GP and any resident requiring a SALT referral are referred to the local Primary Care team for review. In the event of a noted deterioration, the GP will review the resident and make a clinical decision in relation to the residents' needs. In the event of an emergency a resident can be referred to Mallow General Hospital by the GP for review.

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 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	08/09/2025
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	08/09/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	02/09/2025

	that the service provided is safe, appropriate, consistent and effectively monitored.			