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:	Áras Deirbhle Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Aras Deirbhle, Belmullet Community Hospital, Belmullet, Mayo
Type of inspection:	Unannounced
Date of inspection:	22 May 2026
Centre ID:	OSV-0000644
Fieldwork ID:	MON-0050552

About the designated centre

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

The following information has been submitted by the registered provider and describes the service they provide. The designated centre provides 24-hour nursing care to 30 residents aged 65 and over, male and female, who require long- and short-term care, including dementia care, convalescence, palliative care, and psychiatry of old age. The centre is a single-story building opened in 1975. Accommodation consists of seven twin bedrooms and sixteen single bedrooms. Communal facilities include a dining/day room, an oratory, a visitors' room, a hairdressing salon, a smoking room, and a safe internal courtyard. Residents have access to three assisted showers and two bathrooms. The philosophy of care is to embrace ageing and to place the older person at the centre of all decisions regarding the provision of the residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22

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
Friday 22 May 2026	09:00hrs to 17:00hrs	Celine Neary	Lead

What residents told us and what inspectors observed

Overall, residents reported that the service was good and that they were happy living in the centre. All of the residents and visitors who were spoken with were complimentary of the staff. One resident informed the inspector that 'they were very well looked after', 'it's good here' and 'they come to me when I call for help'. Several residents told the inspector that they felt safe living in Aras Deirbhle. Many of whom were from the surrounding areas.

On arrival at the centre, the inspector met with a nurse on duty who contacted the person in charge to notify them of my arrival. While waiting for the person in charge to arrive, the inspector did a walk around of the centre. This walk around gave the inspector an opportunity to meet with residents and staff, to observe and listen to practices in motion, and to see residents' experiences of living in the centre. The inspector then met with the person in charge, who provided an overview of the residents' care needs and the service provided. The clinical nurse manager was not present on the day of the inspection.

Staff were observed to be attentive to residents' needs and were very respectful, kind and patient in all their interactions with individual residents. Staff and residents knew each other well, and they comfortably engaged together in conversations about what was planned for the day and residents' individual interests, past lives and families. Residents told the inspector that staff were responsive to their needs and there were never any delays with staff answering their call bells or spending time with them.

Throughout the morning of the inspection, there was a busy but calm atmosphere in the centre. The inspector observed that many residents were up and dressed, participating in the routines of daily living. Staff were observed attending to some residents' requests for assistance in an unrushed, kind and patient manner. It was clear that staff were familiar with residents' care needs and that residents felt safe and secure in their presence.

There were 22 residents living in this centre on the day of inspection. Eight beds had been voluntarily closed by the provider due to staff shortages. This is a repeat finding from the last two inspections. The provider was using a number of agency staff and staff from the District hospital to supplement and maintain safe staffing levels. The inspector observed four agency health care assistants on duty, two catering staff and a laundry person. Staff told the inspector that the supplementation of staffing in the centre with agency staff was a daily occurrence.

Residents identified as displaying responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or

discomfort with their social or physical environment) from time to time were engaged in activities in the dayroom and supervised and supported by staff.

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

Capacity and capability

Overall, this inspection found that the governance and management structure, and some systems in place, required strengthening to ensure the quality and safety of the service provided. Significant action was required to comply with the regulations pertaining to governance and management, staff training, records, premises, fire safety and protection. This was further impacted by the person in charge being assigned to oversee care and services at the Belmullet District Hospital, located on the same campus. The centre's local management structure consisted of a person in charge supported by a clinical nurse manager. However, this was not in line with the designated centre's statement of purpose and conditions of registration, as the person in charge was also involved in the governance, operational management and administration of the adjacent Belmullet District Hospital, which was not part of the designated centre. This was having a direct impact on the safety of the service provided in the designated centre and the level of non-compliance found on inspection. Furthermore, one clinical nurse manager's post had remained vacant since 2023.

The registered provider of this centre is the Health Service Executive (HSE). The registered provider for this centre had failed to provide resources to appoint staff to ensure the effective delivery of care in accordance with their statement of purpose. There were several ongoing vacancies for healthcare, catering and laundry staff in the centre. The care provided to residents was supplemented by the use of agency staff every day for all of the vacant positions aforementioned. The registered provider had failed to recruit and appoint staff to these positions. This is a repeat finding from previous inspections.

Regulation 14: Persons in charge

The person in charge had worked in the centre for many years and met the requirements of the regulations. They were experienced in the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had not ensured that the number and skill-mix of staff were appropriate to meet the needs of 30 residents, in accordance with the size and layout of the designated centre. Due to a number of vacant and decommissioned positions, alongside long-term leave, the designated centre had eight beds closed and had to utilise healthcare staff from the District hospital to cover shifts. Furthermore, there was an over-reliance on agency staffing to cover nursing, healthcare and catering positions.

Judgment: Not compliant

Regulation 16: Training and staff development

The provider had not ensured that all staff had access to appropriate training in line with their roles and responsibilities. Significant numbers of staff required refresher training in manual handling, fire safety and infection prevention and control.

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 19: Directory of residents

The Directory of residents was maintained in the designated centre. It was available when requested by the inspector. It contained all the relevant details required and was updated accordingly.

Judgment: Compliant

Regulation 21: Records

Records were not securely stored in this centre. A number of residents' medical and nursing files were stored in an unlocked cupboard in a kitchenette.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not ensured that the management structure in the designated centre was in line with the centre's statement of purpose and conditions of the centre's registration. The registered provider and the management of the centre confirmed that the person in charge was involved in the governance, operational management and administration of the adjoining Belmullet District Hospital, which was not part of the designated centre. As a significant amount of the person in charge's time was taken up with the operational and managerial responsibilities of this hospital, the person in charge was not working in the designated centre in 1 WTE (whole-time equivalent) as per the registered provider's commitment given during the last registration renewal and as stated in the registered statement of purpose. This is a repeat finding from the last inspection.

The provider did not ensure there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. For example;

- One clinical nurse manager's post had remained vacant since 2023.
- The provider had failed to appoint two healthcare assistants and three catering staff. Although these vacancies were largely covered on a day-to-day basis, the high use of agency staff to cover the gaps in the roster did not ensure continuity of care for the residents. It also added to the workload of the permanent staff team and was not a sustainable staffing model.
- Three healthcare assistants employed at Belmullet District Hospital were regularly utilised to cover HCA shifts in the designated centre.
- The role of the porter was shared between the designated centre and the community hospital. This role included supporting nursing and care staff in the provision of direct care, as well as general portering duties, across both premises.
- Eight beds were voluntarily closed to admissions due to the lack of staff resources.

The inspector found that while there were management systems in place to monitor and review the quality of the service provided, they were not being used effectively to ensure that the service was safe, appropriate and consistent. For example, the inspector found that:

- The processes in place to ensure that staff received training were not robust and did not ensure that when staff training was due, this was provided in line with the provider's policy.
- The maintenance and oversight of confidential records was not secure. Confidential medical charts were not stored securely.
- The oversight and management of storage for equipment was not well managed or appropriately segregated, and as a result, a number of store rooms were cluttered, and bedrooms were being used to store equipment.
- There was no annual review completed for 2025.

- The environmental audits did not identify that several windows did not have safety restrictions in place.

The registered provider had not ensured that the risk management policy had been implemented. The hazard identification and assessment of risks in the centre were not adequate. For example:

- Management had failed to identify the risks associated with windows that did not contain safety restrictors.
- Management had failed to identify the risks associated with prescribed nutritional supplements, which were stored unsecured in residents' communal rooms.
- Poisonous cleaning products were being stored on a trolley in the dining room. Staff and management did not identify the risks associated with this until the inspector pointed it out.

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of services was reviewed. These included details of the services provided, the fees to be charged for such services, and the residents' room numbers and occupancy.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of accident and incident records, notifications required to be submitted to the Chief Inspector were submitted within the relevant time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints records found that residents' complaints and concerns were managed and responded to in line with the regulatory requirements. The

complaints procedure was on display in a prominent place at reception. This centre had a low level of complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

A number of policies and procedures had not been updated since 2022. Not all policies and procedures were readily available to staff within the designated centre. Access to many policies and procedures was electronic. Staff spoken with were not aware of this.

This is a repeated non-compliance.

Judgment: Not compliant

Quality and safety

Overall, this was a good service that delivered high standards of care to residents. The inspector found that residents were supported and encouraged to have a good quality of life in the centre. Staff were respectful and courteous with residents, and familiar with their individual care needs.

Residents were provided with good standards of nursing care and support to meet their assessed needs. Residents' records and their feedback to the inspector confirmed that their needs were comprehensively assessed and they had timely access to their general practitioners (GPs), specialist medical and nursing services, including psychiatry of older age, community palliative care and allied health professionals as necessary.

Residents' rights and choices were promoted and respected within the centre. Activities were provided in accordance with the needs and preferences of residents, and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephones, and televisions. There were resident meetings to discuss key issues relating to the service provided.

Although the premises were well maintained, the storage of clean clinical supplies and large assistive equipment required review. Store rooms were cluttered, and supplies and equipment were not segregated to reduce the risk of cross contamination. Two residents' bedrooms were being used inappropriately to store

equipment. Furthermore, the inspector found that some windows did not contain safety restrictors.

Food appeared nutritious and in sufficient quantities; drinks and snack rounds were observed in the morning and afternoon. It was evident to the inspector that there was close monitoring of residents' weights and nutritional assessments. Residents were appropriately referred to dietitian services if required.

Staff were aware of the fire procedure and knew what their role was in the event of a fire emergency. Personal emergency evacuation plans (PEEPs) were in place for residents and were updated in line with care plans or as and when required. However, the fire escape route in the dining room was blocked by a trolley containing several cleaning products and supplies from the kitchen area.

Regulation 17: Premises

While the premises were designed and generally laid out to meet the number and needs of residents in the centre, some areas required review to be fully compliant with Schedule 6 requirements. For example;

- Two bedrooms were being used for storage and could not accommodate residents.
- Store rooms were cluttered, and supplies were not appropriately segregated in these areas.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

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

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and risk register in place, which identified hazards and control measures for the specific risks outlined in the regulations.

Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector observed a large trolley, which contained cleaning products and equipment from the kitchen area, placed in front of a fire exit door in the dining room. Management and staff failed to identify this as a risk to a safe and timely evacuation in the event of a fire emergency.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Many prescribed medicinal products, such as nutritional supplements and thickeners, were stored in the dining room and the residents' communal day room. This posed a risk to residents in the event of their accidental or over consumption, as these medicinal products should only be accessed and administered safely by nursing staff.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate medical and health and social care professionals to meet their assessed needs.

Judgment: Compliant

Regulation 8: Protection

Management and staff had failed to identify that unexplained injuries to two residents could potentially be a safeguarding accident, and as such, these incidents were not appropriately investigated, reported or addressed.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Áras Deirbhle Community Nursing Unit OSV-0000644

Inspection ID: MON-0050552

Date of inspection: 22/05/2026

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Registered Provider is satisfied that the staffing and skill mix is appropriate for the 22 beds currently in operation. The Registered Provider is currently in process of reducing agency usage across services through Agency conversion and recruitment. The use of available staff from the District Hospital reduces reliance on Agency cover and ensures staff who are familiar with the service. The statement of purpose is being reviewed and will be submitted to the Chief Inspector when finalised. It will include the use of staff from the district and the fact that staffing numbers are adjusted from the 30 bed cohort depending on beds in use in the centre. A CNM1 post approved and is in process for recruitment to support the PIC and CNM2 in the unit. **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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: We have reviewed the non-compliance and all gaps in mandatory training for staff are being addressed. We expect to have their training up to date and complete on or before 30-09-2026 due to availability of trainers and staff annual leave	

Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Staff were reminded on the day of inspection of the necessity to ensure security of records. All records are now securely stored and accessible only to relevant persons as required.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The CNM post referred to has been approved for recruitment and is in process at present The Registered Provider is currently in process of reducing agency usage across services through Agency conversion and recruitment. The use of available staff from the District Hospital reduces reliance on Agency cover and ensures staff who are familiar with the service. The sharing of certain duties between the CNU and District Hospital is appropriate in terms of allocation of resources on campus. A CNM1 post is approved and is in process for recruitment to provide additional support the PIC and CNM2 in the unit. There is alos a CNM2 in the 13 bed District Hospital on campus. There is adequate Staffing for the 22 open beds at present. Statement of purpose is being revised to reflect this staffing cohort is different than that required if all 30 beds were open. The annual review for 2025 is nearing completion and will be furnished to the Chief Inspector on or before 31-8-26 We have reviewed the non-compliance on training and all gaps in mandatory training for staff are being addressed. We expect to have their training up to date and complete on or before 30-09-2026 Staff were reminded on the day of inspection of the necessity to ensure security of records. All records are now securely stored and accessible only to relevant persons as required. Storerooms have been decluttered and items stored therein re-organised appropriately. Unoccupied bedrooms are no longer used for storage. We have advised staff that all deliveries should be stored appropriately on receipt and	

are keeping compliance under review.

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 4: Written policies and procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
All policies and procedures have been reviewed to ensure they are up to date. A summary sheet of location of these policies- hard copy or electronic is kept in staff office and has been provided to staff.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The two bedrooms identified on inspection are not in use as we can only care for 22 residents at present. All items stored in those bedrooms have been removed. Storerooms have been decluttered and items stored therein re-organised appropriately

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Staff have been advised of the requirement to ensure exits are not inadvertently blocked when carrying out tasks nearby. We are reminding staff regularly of this at safety pause supervision meetings and Fire safety training

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The supplements identified were part of a delivery received that day. We have advised staff that all such deliveries should be stored appropriately on receipt and are keeping compliance under review. All supplements are stored in a single fridge.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: We have a comprehensive safeguarding procedure in place in the centre. We have reviewed same in the context of the matter identified with staff concerned. All Staff have been advised to ensure that all potential safe guarding concerns of this nature are reported and followed up as per our existing safeguarding procedures	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	29/06/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/09/2026
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	29/06/2026

Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	29/06/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	29/06/2026
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	29/06/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	29/06/2026
Regulation 23(1)(e)	The registered provider shall ensure that there is an annual review of the quality and	Not Compliant	Orange	31/08/2026

	safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.			
Regulation 23(1)(f)	The registered provider shall ensure that the review referred to in subparagraph (e) is prepared in consultation with residents and their families.	Not Compliant	Orange	31/08/2026
Regulation 23(1)(g)	The registered provider shall ensure that a copy of the review referred to in subparagraph (e) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Orange	31/08/2026
Regulation 23(1)(h)	The registered provider shall ensure that a quality improvement plan is developed and implemented to address issues highlighted by the review referred to in subparagraph (e).	Not Compliant	Orange	31/08/2026
Regulation 28(1)(b)	The registered provider shall provide adequate	Substantially Compliant	Yellow	29/05/2026

	means of escape, including emergency lighting.			
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	29/05/2026
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	29/05/2026
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Not Compliant	Orange	30/06/2026
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	30/06/2026
Regulation 8(1)	The registered provider shall take all reasonable	Substantially Compliant	Yellow	29/05/2026

	measures to protect residents from abuse.			
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	29/05/2026