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:	Aras Mhathair Phoil
Name of provider:	Health Service Executive
Address of centre:	Knockroe, Castlerea, Roscommon
Type of inspection:	Unannounced
Date of inspection:	07 May 2026
Centre ID:	OSV-0000652
Fieldwork ID:	MON-0047990

About the designated centre

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 24 male and female residents over 18 years of age, who require long-term and short-term care including dementia care, convalescence, palliative care and psychiatry of old age. The centre premises is a single story building. Accommodation consists of 12 single and six twin bedrooms. Communal facilities included a dining room, a sitting room, a sunroom, an oratory, a visitors room and a safe internal courtyard. There are two assisted bathrooms each with a bath with chair hoist, wash hand basin and toilet facilities, one assisted shower room with easy accessible shower, wash hand basin and toilet facilities. An accessible toilet is located close to the sitting rooms and the dining room. The provider states that the centre's philosophy of care is to embrace ageing and place the older person at the centre of all decisions in relation to the provision of the residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18

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 May 2026	09:30hrs to 17:20hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

Feedback from residents was that this was a good place to live, and that they were well cared for by staff who were attentive to their needs. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a kind and respectful manner. There was a warm, relaxed atmosphere throughout the centre.

The inspector met with a clinical nurse manager on arrival at the centre. Following an opening meeting, the inspector completed a walk around the centre, observing the care provided to residents, talking with residents and staff, and reviewing the residents' living environment. A number of residents were relaxing in communal areas, while other residents were being assisted and supported by staff with their personal care needs.

Aras Mhathair Phoil is situated in the town of Castlerea, County Roscommon. The designated centre is a single-storey, purpose-built facility and is registered to provide accommodation for 24 residents. There were 18 residents accommodated in the centre on the day of the inspection, and six vacancies.

Residents' bedroom accommodation consisted of single and twin-occupancy bedrooms, a number of which had ensuite facilities. The size and layout of bedrooms were appropriate for residents' needs, and ensured their privacy and dignity. There were adequate facilities available for residents to store their personal belongings, and residents had access to facilities for the safekeeping of their valuables. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs.

There was a sufficient choice of suitable communal rooms available for residents to use, which provided comfortable, spacious areas for rest and recreation. There was adequate space available for residents to meet with friends and relatives in private, should they wish to. There was also an oratory available, which provided a tranquil space for residents. All areas of the centre were styled and furnished to create a comfortable and accessible living environment for residents.

There was safe, unrestricted access to outdoor spaces for residents to use. This space included a variety of suitable seating areas and seasonal plants.

The building was found to be laid out to meet the needs of residents and to encourage and aid independence. The centre was warm and well-ventilated throughout. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. Call-bells were available throughout the centre, and the inspector observed that these were responded to in a timely manner. There was a sufficient number of toilets and bathroom facilities available to residents. Appropriate ancillary facilities were available, including a housekeeping room and sluice rooms. The centre was

clean, tidy and generally well-maintained. While there were a number of storage areas available in the centre, the facilities were not adequate. The inspector observed a number of items of residents' equipment inappropriately stored in communal spaces, and items of furniture and equipment stored in vacant bedrooms.

As the inspector walked through the centre, a number of residents were observed sitting in communal areas, while other residents mobilised freely or with assistance around the building. A small number of residents chose to spend time relaxing in the comfort of their bedrooms. As the day progressed, the majority of residents were observed in the communal areas, watching TV, reading, chatting to one another and staff, or participating in activities. It was evident to the inspector, that residents were facilitated and supported to exercise choice in their daily routines.

There was a very warm, convivial atmosphere, and residents appeared very content as they went about their daily lives. The inspector observed that personal care was attended to a good standard. There was a pleasant atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff. Communal areas were appropriately supervised, and those residents who chose to remain in their bedrooms were supported by staff. While staff were seen to be busy attending to residents throughout the day, the inspector observed that staff were kind, patient, and attentive to their needs. Staff who spoke with the inspector were knowledgeable about residents and their individual needs.

The inspector chatted and interacted with a number of residents during the course of the inspection. Those residents who were unable to communicate verbally were observed by the inspector to be comfortable and content. Residents' feedback provided an insight of their lived experience in the centre. When asked what it was like to live in the centre, one resident said 'I love it here', while another resident said 'it's good and comfortable'. A number of residents discussed their reasons for moving to the centre, and they told the inspector that they were very happy with their decisions. Residents stated that staff were kind and always provided them with assistance when it was needed. One resident said that 'the staff are fantastic'.

Residents had access to television, radio, newspapers and books. There was an activities schedule in place, which provided residents with opportunities to participate in a choice of recreational activities, including music, games, movies, and arts and crafts. There were various items of residents' artwork on display in the centre. One resident told the inspector 'there is something to do every day'. The inspector observed a number of group activities taking place during the day. Activity staff ensured that all residents were facilitated to be as actively involved as possible. There were also regular outings to nearby places of interest. A couple of residents told the inspector how they had enjoyed a trip to Knock the previous day.

The dining experience was observed to be a relaxed occasion, and the inspector saw that the food was well presented and appetising. Residents had a choice of meals from a menu that was updated daily. Staff provided assistance to residents, where required, in a sensitive and discreet manner. Other residents were supported to

enjoy their meals independently. Catering staff were knowledgeable about individual nutritional needs and preferences.

In summary, residents were receiving a good service from a responsive team of staff, delivering safe and appropriate person-centred care and support to residents.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced monitoring inspection, carried out by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025(as amended). The inspector followed up on the actions taken by the provider to address areas of non-compliance found on the inspection in June 2025.

This inspection found that there was evidence of significant improvements in relation to the governance and management arrangements in place, which demonstrated a commitment to ongoing quality improvement that would enhance the daily lives of residents. Overall, this was a well-managed centre where the quality and safety of the services provided were of a good standard. The provider had addressed the majority of the non-compliances found on the previous inspection in respect of governance and management, training, premises, fire precautions, protection, infection control, care planning, health care and residents' rights. However, the actions taken in respect of premises were not sufficient to meet the requirements of the regulations. Furthermore, the measures in place in respect of the complaints procedure were found not to be in full compliance with the regulations.

The Health Service Executive (HSE) is the registered provider of this centre. There was a clearly established organisational structure in place, with identified lines of responsibility and accountability at individual, team and organisational level. There was a person in charge in post, supported by a clinical nurse manager and a full complement of staff, including nursing and care staff, housekeeping, catering, administrative, and activity staff. Management support was also provided by the residential services manager for Older Persons Services. There were arrangements in place to ensure appropriate deputising in the absence of the person in charge. On the day of the inspection, the person in charge was not available, and the clinical nurse manager (CNM), who was deputising in their absence, facilitated the inspection. The person in charge and the residential services manager attended the feedback meeting at the end of the inspection.

There were sufficient resources in place in the centre to ensure that the rights, health and wellbeing of residents were supported. A review of the duty rosters found that staffing levels and skill-mix were appropriate for the occupancy of the centre, and the size and layout of the building. There were adequate numbers of suitably qualified, competent staff available to support residents' assessed health and social care. The team providing direct care to residents consisted of at least two registered nurses on duty at all times, and a team of care assistants. Care practices were observed to be person-centred and respectful. Staff were observed working together as a team to ensure residents' needs were addressed. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and meaningful way with residents.

There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

There were a number of management systems in place to monitor the quality and safety of the service. Clinical and environmental audits were completed, for example, falls management, care planning, nutrition, and infection control. Action plans were developed and completed where areas for improvement were identified. Key information relating to aspects of the service, including the quality of resident care, were discussed at daily 'safety pause' meetings. The person in charge carried out an annual review of the quality and safety of care in 2025, which included a quality improvement plan for 2026.

There were systems and processes in place to ensure effective communication between management and staff in the centre. The management team met with each other and staff on a regular basis. Minutes of meetings reviewed by the inspector showed that a range of relevant issues were discussed, including clinical issues, maintenance, training, safeguarding and staff issues.

The centre had a risk register in place which identified clinical and environmental risks in the centre, and the risk control measures in place to mitigate those risks. Arrangements for the identification and recording of incidents were in place.

The provider had systems in place to ensure that records, set out in the regulations, were available, safe and accessible, and maintained in line with the requirements of the regulations.

Policies and procedures, required by Schedule 5 of the regulations, to guide and support staff in the safe delivery of care, were available to all staff. Notifiable events, as set out in Schedule 4 of the regulations, were notified to the office of the Chief Inspector of Social Services within the required time frame.

A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant. However, a review

of the complaints policy and procedure found that the process for managing complaints was not in line with the regulatory requirements.

Regulation 15: Staffing

The number and skill-mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role. Staff demonstrated an appropriate awareness of their training with regard to, fire safety procedures, and their role and responsibility in recognising and responding to allegations of abuse. Arrangements were in place to ensure staff were appropriately supervised to carry out their duties.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, and were stored securely and readily accessible.

Judgment: Compliant

Regulation 23: Governance and management

While the provider had management systems in place to ensure the quality of the service was monitored, this inspection found that the management systems were not fully effective in relation to management of complaints and the oversight of premises to ensure they met the requirements of the regulations.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy and procedure in place in the centre did not meet the requirements of Regulation 34. For example, they did not identify the following;

- A review officer.
- Timelines of 30 working days from the receipt of the complaint and 20 working days after the receipt of a request to review.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

This inspection found that the management and staff worked to provide a good quality of life for the residents living in the centre. Residents were satisfied with the service they received, and reported feeling safe and content living in the centre. The inspector observed that residents' rights and choices were upheld, and their independence was promoted. Staff were respectful and courteous with residents.

Nursing and care staff were knowledgeable regarding the care needs of residents. A sample of residents' files was reviewed by the inspector. Each resident had an assessment of their needs completed prior to admission to the centre to ensure the service could provide the required health and social care to the resident. Following

admission, a range of clinical assessments was carried out using accredited assessment tools. The outcomes were used to develop an individualised care plan for each resident, which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre. Individual care plans contained person-centred information, which provided guidance to staff on the supports required to maximise the residents' quality of life. Information gathered from the residents, other health care professionals and, where appropriate, their relatives was also used to ensure care plans were individualised and person-centred. Care plans were reviewed every four months or as changes occurred, in line with regulatory requirements.

The provider had systems in place to ensure residents were provided with access to a doctor, as requested or required. Arrangements were also in place for residents to access the expertise of health and social care professionals for further expert assessment and treatment, in line with their assessed needs.

The centre promoted a restraint-free environment, and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The use of restrictive practices, such as bedrails, was only initiated after an appropriate risk assessment, and in consultation with the multidisciplinary team and the resident concerned.

The design and layout of the premises were suitable for its stated purpose and met the residents' individual and collective needs. The environment and equipment used by residents were visibly clean, and the premises were well maintained. While there were storage facilities available, the inspector observed that the organisation and management of storage were not adequate. The inspector observed inappropriate storage of furniture and residents' equipment in vacant bedrooms and communal areas.

Residents who may be at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways were established to ensure residents identified as at risk of malnutrition were referred for further assessment by an appropriate health and social care professional.

Fire procedures and evacuation plans were prominently displayed throughout the centre. There were adequate means of escape, and all escape routes were unobstructed, and emergency lighting was in place. Fire fighting equipment was available and serviced, as required. The provider had identified a small number of bedroom fire doors in the centre that did not close properly. The inspector was informed that there was work ongoing to address the issue.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

The premises were found not to conform fully to the matters set out in Schedule 6 of the regulations. For example; there was inappropriate storage in the centre. The inspector observed that residents' equipment, such as mobility aids were stored in communal areas and multiple items of furniture were stored in vacant residents' bedrooms. This is a repeated finding from the last three inspections.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to sufficient quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily to ensure that each resident had a choice at mealtimes, 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 25: Temporary absence or discharge of residents

Where a hospital admission was required for any resident, the person in charge ensured that all relevant information about the resident was provided to the receiving hospital, and that all relevant information was obtained on the resident's return to the centre.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register in place. The risk register identified risks in the centre and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under Regulation 26(1).

Judgment: Compliant

Regulation 28: Fire precautions

The fire safety was compromised in the centre; a number of fire doors did not close properly. This poses a risk that, in the event of a fire emergency, fumes and flames won't be confined to the affected compartment.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: 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 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre, in line with local and national policy. Each resident had a risk assessment completed prior to any use of restrictive practices. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding had access to training, and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' rights were respected and that they were supported to exercise choice and control in their daily lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially 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 Aras Mhathair Phoil OSV-0000652

Inspection ID: MON-0047990

Date of inspection: 07/05/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The Person in Charge (PIC) has already undertaken a full review of the complaints management system and with PPIM premises oversight arrangements to ensure they comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). 2. The Complaints Policy has been revised to reflect all requirements of Regulation 34, including: appointment of a Review Officer; completion of complaint investigations within 30 working days; completion of complaint reviews within 20 working days where requested. 3. A review of quarterly audit of complaints management has been done to ensure and monitor compliance with policy, timelines, documentation and learning outcomes. Audit findings will be reviewed through the unit's governance meetings and corrective actions tracked to completion. 4. A structured environmental audit schedule will be implemented to provide enhanced oversight of storage practices and premises compliance. Weekly environmental inspections will be completed, with monthly management review by the Person in Charge. All outstanding environmental actions, including storage improvements and fire safety actions, will be monitored through the centre's Quality Improvement Plan until completed and sustained.	

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
1. In Line with HSE's Your Service Your Say Policy, the Local Complaints Policy has already been developed, following the Inspection on 07/05/2026:
To identify the nominated Review Officer independent of the initial investigation.
Specify that complaints will be investigated and concluded within 30 working days.
Specify that any review requested by a complainant will be completed within 20 working days.
2. The revised policy has been approved and communicated to all staff.
3. Complaint Tracking System has been reviewed to monitor compliance with response times and ensure timely escalation where delays are identified.
4. Review of Quarterly Audits of complaints management will be undertaken, with findings discussed at governance meetings to ensure continuous quality improvement.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. A full review of storage capacity within the unit has been completed by Person In Charge and Residential Services Manager.
2. All inappropriate storage of mobility equipment and furniture from communal areas will be removed immediately.
3. Designated storage areas will be reorganized and maintained to ensure equipment is stored safely and does not impede residents' access or create environmental risks.
4. An inventory of equipment and furniture will be completed to identify surplus items for redistribution or disposal with the assistance of maintenance team.
5. Weekly environmental inspections will include review of storage areas, with findings recorded and monitored by Clinical Nurse Manager. Monthly audits will also ensure sustained compliance.
6. Premises compliance will remain a standing agenda item at Staff and Management meetings until full compliance has been achieved and maintained.

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A specialist Fire Door Contractor has attended the centre and inspected all fire doors identified as having issues with closure and functionality. The contractor has confirmed that, as of July 17th 2026, all identified fire doors have been repaired, tested, and are closing and functioning correctly in accordance with fire safety requirements. Ongoing routine inspections will continue to ensure all fire doors remain fully operational and compliant.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2026
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.	Substantially Compliant	Yellow	31/08/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	17/07/2026
Regulation 34(2)(b)	The registered provider shall	Substantially Compliant	Yellow	31/07/2026

	ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.			
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	31/07/2026
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Substantially Compliant	Yellow	31/07/2026