



**Health  
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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:	Kenmare Nursing Home
Name of provider:	Kenmare Nursing Home Limited
Address of centre:	Killaha East, Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	17 September 2025
Centre ID:	OSV-0000239
Fieldwork ID:	MON-0047660

## About the designated centre

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

Kenmare Nursing home is situated in the region of Kenmare and can accommodate up to 26 residents. It is a single storey facility that accommodates residents in a mixture of single and twin rooms. The centre is divided into three wings. The Iris wing comprises 10 single bedrooms, all of which are en suite with toilet and wash hand basin. The Lily wing has three twin and three single bedrooms as well as offices, bathrooms, dining room and ancillary rooms. The Orchid wing has four twin bedrooms, two of which are en suite with toilet and wash hand basin and the other two have a wash hand basin only in the room.

The centre provides 24 hour nursing care to both Female and Male residents aged 18 and over. It provides care for residents with a range of needs, including care of the older person, respite care, dementia, physical disability, acquired brain injury, convalescence, post-op, palliative care, on a long or short term stay basis.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	26
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 17 September 2025	16:30hrs to 21:30hrs	Siobhan Bourke	Lead
Thursday 18 September 2025	09:00hrs to 15:30hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

The inspector met with most of the residents during this inspection, and spoke with ten residents in more detail, to gain insight into their experience of living in Kenmare Nursing Home. The residents spoken with, told the inspector that staff were kind and caring. The inspector met with five visitors who also gave positive feedback regarding the care their relatives received.

The inspector arrived unannounced on the first evening of the inspection and was met by the person in charge. The inspector walked around the centre to meet with residents, visitors and staff and to spend time observing the care environment on both days of inspection. During the first evening, a number of residents were sitting in the day room, watching TV, while other residents were resting or asleep in their bedrooms. Many of the residents were going to the dining room for their evening meal and told the inspector that they were looking forward to their meal. Following the meal, a number of residents requested to go to bed early, while a group of residents returned to the day room to watch TV and a member of the care staff team was providing supervision in this room. Some of these residents told the inspector that while the activities were good during the day, the evenings could be a bit boring as there wasn't much to do. The inspector had the opportunity to attend the handover between day and night shift, where comprehensive information was relayed in relation to residents' specific care requirements, for the night ahead. The inspector saw that the person in charge stayed late in the centre, as a resident was approaching end of life to support staff and the family at that time.

Kenmare nursing home is located approximately three kilometres from Kenmare town and overlooks Kenmare Bay. It is a single storey building with six bedrooms designated as twin rooms and 14 designated as single rooms. Ten of the single rooms and two of the twin rooms had en suite toilet facilities and hand washbasins; the remaining rooms had hand wash basins only. The centre had four shower rooms for residents. The inspector saw that the bedrooms in the centre had been brightly painted since the previous inspection and privacy curtains in the twin rooms had been replaced. During the evening, in one of the twin rooms, the inspector saw that a commode was inappropriately stored there, resulting in a malodour in the room. This was brought to the attention of the person in charge who removed it immediately. Some equipment such as specialised chairs and residents' beds were worn and some of the grab rails in the toilets were also rusted and worn. While bedrooms were seen to be clean and residents confirmed that their bedrooms were cleaned every day, the inspector saw that a shower drain was not clean and required attention. These and other findings are outlined further in the report.

The communal spaces in the centre comprised a large dining room, a day room and a small visitors' room. The inspector saw that the visitors' room had been painted and had a table and chairs, and a kettle with tea, coffee and cups, available. There was a small outdoor secure courtyard area that had flower boxes and a small number of raised beds which was furnished with some outdoor seating and a table.

This area could be accessed near the dining room. During both days, an electrician was on site to install more electrical sockets in the centre to reduce the number of extension leads in use in residents' bedrooms. This was required as part of the fire safety risk assessment undertaken by the provider.

The inspector observed both the evening meal on the first day of inspection and the lunch time meal the following day. Both mealtimes were seen to be a sociable dining experience for residents and residents gave very positive feedback on the food provided to them. Some of the residents choose to eat in their bedrooms and those who required assistance were seen to receive it in a respectful and unhurried manner. Residents said that the food served was tasty, and they were given a choice at each meal.

Residents who spoke with the inspector confirmed that there were no delays with their care and that if they called for assistance staff responded appropriately. During the inspection, the inspector saw that call bells were within easy reach for residents. The inspector saw that staff interacted with residents in a kind and respectful manner and it was evident that they knew residents' preferences and dislikes. There was good banter observed between staff and residents. Staff who spoke with the inspector confirmed that they could raise a concern with the management team and there was a sufficient number of staff available to provide care to residents. On the second day of inspection, a physiotherapist was onsite to review residents who required assessment and treatment. This service was available every two weeks.

The provider had two activity staff assigned to support the activity schedule for residents. The inspector met with one of these staff on the second day of inspection, where they facilitated residents to join in a sing song and an exercise and ballgame session. Other activities observed was a lively old proverbs and sayings discussion with the residents. Residents were full of praise for the activity staff and one resident's relative described them as "uplifting". The inspector saw that a small number of residents' bedrooms were missing televisions and some were not positioned in a way that they could be easily viewed by residents. In two rooms residents' bedrooms, the televisions were not in working order; this was addressed by staff on the day of inspection. While a residents' meeting was scheduled for the week following the inspection, the inspector saw that one had not been held to seek residents' views on the running of the centre since March 2025. This is outlined further in the report.

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

## **Capacity and capability**

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People)

Regulation 2013 (as amended), and to review information required for renewal of the centre's registration. The inspector found that there was a stable management team, with established management systems in place. Nonetheless, to ensure that the service provided to residents was appropriate, consistent and effectively monitored, the provider was required to take action to strengthen the management systems in place to ensure compliance with the regulations regarding complaints procedure, premises, infection control and residents' rights, as outlined further in this report.

Kenmare nursing home Limited is the registered provider for Kenmare nursing home, which is registered to accommodate 26 residents. The provider company has three directors, one of whom was actively involved in the running of the centre and attended the centre approximately two to three days each week.

The provider ensured there were clear lines of responsibility and accountability in place. The person in charge was full time in position and had the required qualifications and experience for their role. They were supported in their role by a part-time assistant director of nursing. On the days of inspection, the inspector found that the number and skill mix of staff was appropriate to meet the assessed needs of the residents living in the centre. However, a number of staff were working extra shifts to replace staff who had recently left the centre and recruitment was ongoing to replace three health care assistants and to recruit two nurses.

The provider ensured staff were provided with training appropriate to their role and staff who spoke with the inspector were knowledgeable regarding their roles and responsibilities. From a review of incident records maintained in the centre, it was evident that required notifications were submitted to the office of the Chief Inspector.

The provider had a complaints procedure displayed in the centre and a record of complaints received was maintained by the person in charge. From a review of the complaints procedure displayed and from a review of responses provided to complainants, it was evident that procedure in place was not in line with the regulations and did not detail the requirement for a written response from the complaints officer as outlined under Regulation 34; Complaints procedure.

The person in charge had a schedule of audits in place to monitor key risks to residents such as falls, weight loss, restrictive practices and medication management. There was a schedule of governance meetings in place between the provider and the person in charge to ensure oversight of the service. Communication systems such as staff meetings and handover were in place to ensure staff were kept up to date with any changes in the service. However, enhanced oversight of complaints management, premises and infection control required action as outlined under Regulation 23; Governance and management.

An annual review of the quality and safety of care provider in 2024 was prepared and available to review.

Registration Regulation 4: Application for registration or renewal of registration
The application for registration renewal was submitted to the Chief Inspector of Social Services and included all information required, as set out in Schedule 1 of the registration regulations.
Judgment: Compliant
Regulation 14: Persons in charge
The person in charge was full time in position and had the required experience and qualifications for their role.
Judgment: Compliant
Regulation 15: Staffing
The number and skill mix of staff was appropriate to meet the assessed needs of the residents living in the centre during the inspection.
Judgment: Compliant
Regulation 16: Training and staff development
The provider ensured staff were provided with training appropriate to their role. From a review of the training matrix maintained by the person in charge, staff were up to date with training on fire safety, safeguarding vulnerable adults, managing responsive behaviour and manual handling. Staff were appropriately supervised by the person in charge and the assistant director of nursing.
Judgment: Compliant
Regulation 22: Insurance



The inspector saw that the provider had an up to date certificate of insurance in place.

Judgment: Compliant

### Regulation 23: Governance and management

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

- there was a lack of oversight in the management of complaints to ensure they were managed in line with the regulation; as outlined under Regulation 34; complaints' procedure.
- oversight of the maintenance of equipment and infection control practices require action as outlined under Regulation 17; premises and Regulation 27; infection control.
- residents meetings were not held in line with the frequency outlined in the centre's statement of purpose.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose was amended on the day of inspection to include the outside storage area and to update the complaints' procedure.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. Notifications were provided to the Chief Inspector as required. All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations within the required time period.

Judgment: Compliant

## Regulation 34: Complaints procedure

The complaints procedure and management of complaints required action to meet the requirements of the regulation as evidenced by the following;

- The complaints procedure displayed in the centre did not include the time line for investigation of a complaint by the complaints officer.
- Written responses sent to complainants did not inform complainants if the complaint was upheld, any improvement recommended nor details of the review process.
- The registered provider did not ensure that the nominated complaints officer and the review officer received suitable training to deal with complaints in line with the regulation.

Judgment: Not compliant

## Quality and safety

Overall, residents living in Kenmare Nursing Home received a good standard of care and support, from a team of staff who were knowledgeable regarding residents' assessed needs and preferences. However, action was required to ensure compliance with the regulations in regards to premises, fire precautions, infection control and residents' rights as outlined under the relevant regulations.

The inspector reviewed a sample of care plans and found that residents had good access to local GP services and there was evidence of regular review. A physiotherapist attended the centre every week and residents were referred to speech and language therapy and dietetic services as required.

All residents had a care plan developed within 48 hours of admission and it was evident that validated assessment tools were used to assess risks to residents. From a review of a sample of care plans, records were person-centred and sufficiently detailed, to direct care.

The inspector saw that residents' bedrooms had been recently painted and a number of the privacy curtains in the two rooms had been replaced. However further action was required with regard to premises as outlined under Regulation 17 premises

The inspector saw that staff engaged in a respectful manner, when residents presented with responsive behaviour during the inspection. Care plans included assessments of antecedents to responsive behaviours to direct staff. A number of

residents had alternatives to bed rails such as low beds and crash mats which promoted a restraint free environment.

Staff were provided with training on safeguarding vulnerable adults and staff who spoke with the inspector were aware how to raise a concern. Residents who spoke with the inspector reported feeling safe living there.

The provider ensured that a person was assigned as clinical lead for infection control and had completed link nurse training in infection control to assist with this role. There were sufficient resources available to ensure residents bedrooms were cleaned every day. However, action was required to ensure staff complied with infection control practices and the environment was maintained as outlined under Regulation 27; Infection control.

The fire safety register was reviewed by the inspector and it was evident that staff were provided with fire safety training each year. Fire fighting equipment was serviced annually and certification was available with regard to quarterly and annual servicing of emergency lighting and the fire alarm system. Daily checks to ensure emergency exits were free of obstruction were recorded. From a review of records of simulations of evacuations in the event of a fire in the centre, these drills were recorded for January and June 2025. As there had been a number of staff changes in the centre, the provider was required to ensure these were performed more frequently as outlined under Regulation 28; Fire precautions.

The inspector saw that the provider employed two activity staff and there was a schedule of activities available over seven days that included a music therapist, yoga, music and singing. Residents had access to advocacy services and a survey of residents' views on the running of the centre was completed once a year. However, action was required as a number of residents told the inspectors that there was little to do in the evenings in the centre and a number of televisions in the centre were not working or not placed within easy view for residents, as outlined under Regulation 9; Residents' rights.

### Regulation 11: Visits

Visits were not restricted in the centre and the inspector saw a number of visitors coming and going on the days of inspection. Visitors who spoke with the inspector confirmed that there were no restrictions on their visits.

Judgment: Compliant

### Regulation 12: Personal possessions

The provider ensured that residents' clothes and linen were laundered on site, seven days a week and returned to residents in a timely manner. Residents had a lockable space in their bedroom lockers should they choose to store their valuables with them.

Judgment: Compliant

### Regulation 17: Premises

The following required action to ensure the centre met the requirements of Schedule 6 of the regulations.

- The inspector saw that some equipment was not well maintained, such as a pressure cushion and specialised chairs were worn and torn. Grab rails in some of the bathrooms were rusted, and some ends of beds were worn.
- On the first day of inspection, a number of chairs were missing from residents bedrooms, these were in the rooms by the second day of inspection.
- Flooring near the dining room area was worn and required replacement.

Judgment: Substantially compliant

### Regulation 26: Risk management

While the provider had purchased a generator for the centre, this had yet to be connected to the electricity supply system, by the time of the inspection, to ensure access to electricity in an emergency.

Judgment: Substantially compliant

### Regulation 27: Infection control

The following required action to ensure compliance with infection control practices;

- Personal protective equipment (PPE) such as gloves were used inappropriately during the course of the inspection. The inspector observed a staff member wearing gloves on the corridor, when there was no indication for their use. Another staff member was observed wearing a face mask that was incorrectly positioned.

- On the first day of inspection, a commode was inappropriately stored in a residents room that was shared, this was removed immediately, when brought to the attention of the person in charge.
- The inspector noted that the hand gel in use for nurses, during medication rounds date for use had expired, which may reduce its efficacy.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Action was required to ensure that fire evacuation drills were completed more frequently to ensure the provider was assured that residents could be evacuated safely in an emergency.

Works were ongoing during the inspection, to ensure the use of extension cords was reduced in the centre.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

From a review of a sample of residents' records, it was evident that residents had care plans developed within 48 hours of admission. Validated risk assessments were used to inform care planning. Care plans were updated when a resident's condition changed, or every four months as required in the regulation.

Judgment: Compliant

### Regulation 6: Health care

Residents living in the centre had good access to health care services from local general practitioner services. A physiotherapist attended the centre once a week and residents had access to speech and language therapists and dietitians as required. Community based palliative care specialists attended the centre as required.

Judgment: Compliant

### Regulation 8: Protection

The provider had a safeguarding policy in place that was updated as required. Staff were provided with training on safeguarding, and those who spoke with the inspector were aware how to raise a concern. Any allegations or incidents of abuse were investigated and managed by the person in charge and appropriately notified.

Judgment: Compliant

### Regulation 9: Residents' rights

The following required action with regard to ensuring residents rights were promoted at all times;

- residents who spoke with the inspector, outlined that while the activities were good during the daytime in the centre, there was little activities in the evening other than watching television in the dayroom.
- a number of bedrooms had televisions that were not working, or were positioned in a way that residents could not view them,
- residents meetings had not been held in the centre since March 2025, to seek residents' views on the running of the centre.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Kenmare Nursing Home OSV-0000239

Inspection ID: MON-0047660

Date of inspection: 18/09/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: We have updated our complaints policy in line with regulation 23	
Regulation 34: Complaints procedure	Not Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: We have updated our complaints policy and our complaints procedure displayed in the centre including the time line for investigation of a complaint by the complainant officer in line with regulation 23. The Person in Charge and the Review Officer have received training on effective complaints management in line with regulation 23 With all new complaints we will include the review process	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: We have discarded the pressure cushion that was worn, and all others have been checked to ensure they are well maintained. Two specialised chairs belonging to the nursing home are worn and we have requested from the families to purchase new chairs. All grab rails have been repainted. Two bed ends have been revarnished. On the first day of inspection, families had removed chairs from other bedrooms, when they had more than two visitors and had not put back and one bedroom chair was removed by the ambulance staff to transfer resident to hospital. Flooring area near to dining room has been replaced.	

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>This was work completed on Friday 17th October 2025 and the generator is working now</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Staff have been reminded not to wear gloves outside of the bedrooms, and not to wear gloves unless there is an indication to do so. All staff have completed training on PPE and hand hygiene, all staff were reminded not to wear face mask unless required and to position them correctly. The commode which was in a shared room was removed and not kept there anymore.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>We have changed our fire evacuation drills from 6 monthly to 3 monthly as per HIQA advice on this inspection.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Staff sit with our residents in the evening and play cards, have meaningful conversations, take for walks inside and outside weather permitting, bingo and ball games if they wish to do. On the day of the inspection the television in room 6 had no signal but was rectified on the same time, all other televisions are working and properly positioned for residents to view them. One room where the television was broken and removed and now has been replaced. All staff were reminded to ensure the same. The residents / family meeting after March were scheduled twice but had to be cancelled due to unforeseen circumstances and the next was scheduled and completed for 21st September 2025. Hereafter we will ensure to do a resident meeting every 3 months with the residents</p>	

## 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	19/09/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	19/09/2025
Regulation 26(2)	The registered provider shall ensure that there is a plan in place	Substantially Compliant	Yellow	17/10/2025

	for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	18/09/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	29/09/2025
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later	Not Compliant	Orange	19/09/2025

	than 30 working days after the receipt of the complaint.			
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Not Compliant	Orange	19/09/2025
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Not Compliant	Orange	17/10/2025
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident is facilitated to communicate freely and in particular have access to radio, television, newspapers,	Substantially Compliant	Yellow	19/09/2025

	internet and other media.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	19/09/2025
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	21/09/2025