



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Kilrush District Hospital Limited
Name of provider:	Kilrush District Hospital Company Limited by Guarantee
Address of centre:	Cooraclare Road, Kilrush, Clare
Type of inspection:	Unannounced
Date of inspection:	17 February 2026
Centre ID:	OSV-0000446
Fieldwork ID:	MON-0049657

About the designated centre

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

Kilrush District Hospital is a nursing home that has been extended and reconfigured over the years. A two-storey purpose built extension was provided and the original buildings have been refurbished in recent years. It can accommodate up to 24 residents, male and female over the age of 18 years. It is located in the West Clare area, in the town of Kilrush. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It provides short and long-term care primarily to older persons. The centre does not accommodate persons presenting with extreme challenging behaviours or with tracheotomy tubes. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared en suite bedrooms. There are separate dining and day rooms provided for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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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
Tuesday 17 February 2026	09:15hrs to 16:00hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in Kilrush District Hospital described a service that provided a satisfactory standard of person-centred care. They reported that they were actively encouraged and supported to participate in daily routines, social activities and meaningful engagement opportunities, in line with their individual preferences. Residents stated that they were consulted about decisions relating to the day-to-day operation of the centre and felt their views were listened to and respected. Overall, residents expressed that they felt safe in the centre and consistently described staff as kind, attentive and responsive to their needs.

The inspector arrived unannounced at the centre and was met by the person in charge and members of the senior management team. An initial walk-around of the premises was carried out, during which recently completed refurbishment works were viewed. Following this, the inspector spent time engaging with residents to gain insight into their lived experience of the service. A brief introductory meeting was subsequently held with the management team.

Residents reported that they enjoyed their lives in the centre and spoke very positively about their day-to-day experiences. They described staff as supportive and stated that staff "could not do enough" for them. Residents said they were kept engaged in meaningful activities, that their needs were responded to promptly, and that they rarely experienced prolonged waiting times for assistance. They also spoke positively about the ongoing building works, describing the developments as exciting and expressing anticipation about how the centre would look and function when works were complete. Some residents who had moved into newly refurbished bedrooms expressed a high level of satisfaction with the improved accommodation. Visitors who spoke with the inspector similarly expressed satisfaction with the quality and progress of the refurbishment works completed to date.

There were ongoing refurbishment works within the premises at the time of inspection. Areas under construction were appropriately secured and cordoned off to prevent unauthorised access and to ensure residents' safety. Refurbished areas observed were completed to a high standard. However, aspects of other parts of the centre were not maintained to a satisfactory condition. For example, some sinks in residents' bedrooms were observed to not fully function, and issues were identified in relation to certain glazed vision panels.

Laundry services were provided on site, and residents expressed satisfaction with this arrangement. A system was in place to support the timely laundering and return of residents' personal clothing.

During the walk-around of the centre, some fire safety concerns were noted, particularly in relation to fire doors that contained significant gaps, which had the potential to impact on effective fire containment measures.

Residents were observed enjoying breakfast in the dining and day room areas. At the time of inspection, the dining room consisted of two distinct areas, with one section temporarily repurposed as a day room to facilitate ongoing refurbishment works in the main day room. This temporary arrangement had been discussed with residents in advance, and residents indicated that they were satisfied with the changes. Staff were present in communal areas and were observed providing appropriate support and assistance in a respectful and responsive manner.

The dining experience was observed to be pleasant, social and unhurried. Residents were offered choice at mealtimes, and the atmosphere in the dining areas was calm and relaxed. Residents who required assistance with their meals were supported in a sensitive and discreet manner that upheld their dignity. The meal service was not rushed, and food was attractively presented.

Throughout the day, residents were observed participating in a range of activities. For example, in the afternoon, a live, interactive music and sing-along session was facilitated virtually via an online platform, which residents appeared to enjoy. In addition, a newly introduced sensory-based activity designed to support residents living with dementia was available.

Residents informed the inspector that they attended regular meetings where they were kept updated on developments within the centre, particularly in relation to the refurbishment works. They reported that they valued being kept informed and were encouraged to provide feedback and suggestions, including in relation to plans for a new dining room, which residents welcomed positively.

Visiting was not restricted, and a number of visitors were observed attending the centre on the day of inspection. Visitors expressed a high level of satisfaction with the quality of care provided to their relatives, and described the management and staff as approachable.

The following sections of this report details the findings with regard to the capacity and capability of the provider, and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

This unannounced inspection was carried out over one day by an inspector of social services to;

- Monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 to 2025 (as amended).
- Review the actions taken by the provider to address issues of non-compliance identified on inspection in August 2024
- Review progress made by the provider in implementing a compliance plan, due for completion in April 2026, following an inspection of the centre in September 2025
- Assess the providers progress to comply with conditions of registration relating to fire safety and premises works, with particular regard to the completion of phase 3 and transition to phase 4 under a phased project plan of works.

The findings of this inspection were that the provider had an established management structure that was responsible and accountable for the provision of safe and quality care to the residents. Significant action had been taken to improve the physical environment and fire safety to ensure that residents were supported in an environment that met their needs and protected them from the risk of fire. The provider had also implemented effective systems of governance to monitor and improve the quality and safety of the service provided to residents.

Previous inspections had identified significant risks and deficits in relation to the premises and fire safety, particularly within the older section of the building. In response, the provider implemented a phased programme of works to address these issues. The first three phases were completed, and an application to vary the registration of the centre had been submitted to reflect the reconfiguration of areas undertake as part of phase 3.

The registered provider of this centre is Kilrush District Hospital Company Limited by Guarantee. The provider is a company comprised of a board of directors, and is represented by one company director. The board of directors provide governance and support to a person in charge and a nurse management team. Within the centre, the person in charge was supported clinically, and administratively, by a clinical nurse manager. In addition, two general managers provided operational oversight of the centre's non-clinical functions, including housekeeping, laundry, catering and maintenance. They were also responsible for overseeing the planned programme of works underway in the centre. While these responsibilities were delegated, the general managers reported to the person in charge, who retained overall accountability for the service.

The provider had systems in place to ensure that there was effective oversight of the quality of care received by residents. A schedule of clinical and environmental audits were in place for 2026 to monitor, evaluate and improve key aspects of service. This included audits of infection prevention and control practices, medication management, restrictive practices, incidents and falls, and clinical records. A sample of completed audits were reviewed and were found to be effective to support the management team to identify risks and deficits in the service. The audits informed the development of improvement action plans, and

records showed that the action plans from these audits were communicated to the relevant staff during staff meetings.

The centre was proactive in identifying, recording and managing risks that may impact on the safety and welfare of residents in the centre. The risk management system was underpinned by a comprehensive risk management policy. The centre maintained a risk register that contained clinical and environmental risks. Risks, and the controls in place to manage risks, were monitored for their effectiveness, and staff were kept informed with regard to the actions to be implemented to manage and reduce risks to residents. In addition to the overarching risk management processes, a separate dedicated risk register was maintained that focused on the oversight and management of fire safety and premises-related risks. This register was regularly reviewed and updated to reflect risks that had been effectively mitigated, to incorporate newly identified risks as they arose, and to review control measures where necessary.

There were systems in place to record, investigate and learn from incidents involving residents. Incidents were subject to monthly review and learning from these reviews was communicated to staff to ensure they were informed of measures to be implemented to minimise incidents reoccurring.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame.

Records were securely stored, accessible, and maintained in line with the requirements of the regulations.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. 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.

The centre had sufficient resources to ensure effective delivery of good quality care and support to residents. The centre had a stable team of staff. This ensured that residents benefited from continuity of care from staff who knew their individual needs.

There was a comprehensive training and development programme in place for all grades of staff. Records showed that all staff had completed training in fire safety, safeguarding of vulnerable people, and supporting residents living with dementia. 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.

There were systems in place to induct, orientate and support staff. The person in charge, assistant director of nursing, and clinical nurse managers provided clinical supervision and support to all staff.

Regulation 15: Staffing

There was adequate staff available to meet the needs of the current residents taking into consideration the size and layout of the building. There were satisfactory levels of health care staff on duty to support nursing staff. The staffing compliment included cleaning, catering, activities and administration staff.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up-to-date mandatory training in safeguarding of vulnerable people, fire safety, and manual handling. Staff had also completed training in infection prevention and control.

There were arrangements in place for the ongoing supervision of staff through senior management presence, and through formal induction and performance review processes.

Judgment: Compliant

Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, stored safely and available for inspection.

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

Judgment: Compliant

Regulation 23: Governance and management

While governance arrangements were established, they were not fully effective in all areas to ensure the service provided was safe, appropriate, consistent and effectively monitored. This was evidenced by;

- While oversight arrangements were in place in relation to the existing premises and fire safety, these were not sufficiently robust to provide assurance that all risks such as the maintenance fire doors, were consistently identified, escalated and addressed in a timely and effective manner.
- The system in place to monitor the quality of residents' care plans, including oversight of recommendations made by health care professionals in relation to food and nutrition, were not fully effective in ensuring that care plans consistently and accurately reflected residents' needs, or ensuring that residents nutritional needs were fully met.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifiable events were appropriately notified to the Chief Inspector of Social Services, within the required time-frame.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

Quality and safety

Residents received a good standard of care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents were satisfied with their access to health care, and reported feeling safe and content living in the centre. There was a person-centred approach to care, and residents' well-being and independence were promoted. While the provider had taken significant action to ensure residents received care in an environment that met their needs and protected them from the risk of fire, further action was required to achieve full compliance with some regulations. Care plans were not always reflective of residents' actual care needs, and residents' nutritional needs were not consistently met in line with their individual requirements.

A sample of residents' assessments and care plans were reviewed. While all residents had a care plan in place, these were not always based on an accurate or comprehensive assessment of individual care needs. For example, residents who had experienced significant weight-loss did not always have an appropriate or accurate assessment of their weight completed. Consequently, care plans did not always detail person-centred guidance on managing residents nutrition and weight.

A review of residents' records found that there was regular communication with residents' general practitioner (GP) regarding their health care needs and residents were provided with access to their GP, as requested or required. Arrangements were in place for residents to access the expertise of health and social care professionals for further expert assessment and treatment. This included access to the services of speech and language therapy, dietetics, occupational therapy, physiotherapy, and tissue viability nursing expertise.

Residents nutritional care needs were assessed on admission to the centre, and at regular intervals thereafter. Daily menus were displayed in suitable formats, and in appropriate locations so that residents knew what was available at meal-times. There was adequate numbers of staff available to assist residents with their meals. Residents received modified texture diets, in line with their assessed needs and in accordance with recommendations from health care professionals. However, therapeutic diets were not consistently provided, as prescribed. For example, some residents who required a weight-reducing diet in response to their medical conditions did not always received these diets as directed.

A review of fire precautions in the centre found that the provider had taken significant action to ensure that fire detection and containment measures protected residents from the risk of fire. Records, with regard to the maintenance and testing of the fire alarm system, emergency lighting, and fire-fighting equipment were available for review in relation to areas of the centre that were not under construction. Notwithstanding the works completed to date, this inspection identified some deficits in relation to newly installed fire doors, including gaps around certain doors and some doors were observed to be not closing fully. While a compliance plan arising from the previous inspection in September 2025 remained in progress at the time of this inspection, and due for completion on 30 April 2026, the findings outlined above were identified in addition to the actions already committed to under that compliance plan.

Significant action had been taken by the provider to enhance the premises and to ensure the physical environment met the needs of residents. A comprehensive, phased programme of refurbishment was underway and progressing in line with the time-lines committed to by the provider. The works completed to date resulted in marked improvements to the overall environment and had also facilitated more effective cleaning and maintenance of the centre. Notwithstanding the substantial progress achieved, there remained parts of the premises that continued to be in use by residents which were not maintained to a satisfactory standard. This included aspects of residents' en-suite facilities and areas where action was required to fully meet residents' privacy needs.

The rights of residents were observed to be both respected and actively promoted within the centre. Staff demonstrated a clear awareness of residents' rights and were knowledgeable regarding their role in supporting residents to exercise choice in their daily lives. Residents were facilitated to make decisions about their routines, activities, personal preferences, and were supported to maintain independence to the greatest extent possible.

There was evidence that residents' voices were sought and valued, and that feedback mechanisms were in place to support consultation and continuous improvement within the service.

Visiting arrangements were observed to be open and flexible, with no unnecessary restrictions in place. Residents were supported to receive visitors in line with their wishes, and visits were facilitated in a manner that respected residents' privacy and comfort.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 17: Premises

Notwithstanding the work completed to date, and a project plan in place to ensure the premises met the individual and collective needs of the residents, there were areas of the premises did not comply with the requirements of Schedule 6 of the regulations. For example;

- Sinks in resident's en-suite bathrooms did not have a functioning means to retain water.
- A glazed vision panel within a bedroom door was observed to be cracked and broken.
- While all bedroom doors were fitted with vision panels, not all panels had a privacy covering or mechanism that could be controlled from within the room.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were not consistently provided with therapeutic diets in accordance with the recommendations of relevant health care professionals. For example, residents' who required fortified, high-protein, high-calorie diets, and those who required weight-reducing diets did not always receive meals aligned with these prescribed interventions.

Judgment: Substantially compliant

Regulation 28: Fire precautions

This regulation was reviewed in the context of those areas of the building that were outside the current application to vary the registration. The inspector reviewed the fire safety management systems in place. While significant improvement works had been progressed, a number of fire safety issues were identified during the inspection.

- Some newly installed fire doors were observed to have significant gaps between the bottom of the door and the floor. This had the potential to compromise their effectiveness in containing smoke and fire.
- Two bedroom fire doors were sticking on the floor and were unable to close fully.
- Service penetrations through the ceiling in the plant room were observed to contain gaps and had not been appropriately fire sealed. This may compromise the containment of smoke and fire in the event of an emergency

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans found that they were not fully in line with the requirements of the regulations.

Care plans were not always guided by a comprehensive or accurate assessment of the residents care needs. Some residents' care plans did not accurately reflect the needs of the residents, and did not identify interventions in place to support residents when they were identified as being at high risk of malnutrition or falls. Consequently, staff did not have accurate information to guide the care to be provided to the residents.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to medical assessments and treatment by their General Practitioners (GP) of their choice.

Residents also had access to a range of health and social care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life, and palliative care.

Judgment: Compliant

Regulation 9: Residents' rights

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they choose.

There were facilities for residents to participate in a variety of activities such as art and crafts and live music events. Residents complimented the provision of activities in the centre and the social aspect of the activities on offer.

Residents attended regular meetings and contributed to the organisation of the service. Residents confirmed that their feedback was used to improve the quality of the service they received.

Residents were provided with information about services available to support them. This included independent advocacy services.

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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kilrush District Hospital Limited OSV-0000446

Inspection ID: MON-0049657

Date of inspection: 17/02/2026

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The system for ensuring the effective maintenance of fire doors has been enhanced. A comprehensive check list has been developed specifically for the fire doors, and the list has been communicated and provided to the relevant personnel. The checklist will be completed on a regular basis by the Maintenance Team, with oversight from the General Manager. Status: Complete.</p> <p>All care plan assessments are monitored by nursing senior management and overseen by the PIC. Guidance on managing individual care needs is included in all care plans. All recommendations from specialists, such as dieticians, are communicated to the relevant staff who are involved in the nursing care and catering departments. Nursing management will ensure all recommendations are implemented and reflected in the Resident's individual care plan. Status: Complete.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All sinks in Residents en-suite bathrooms contain stoppers. Status: Complete.</p> <p>The glazed bedroom vision panel is currently on order and will be replaced as soon as it is received by the Contractor. Expected completion date: 30 June 2026.</p> <p>All vision panels with privacy mechanisms that are controlled from outside the room will be reviewed as part of Phase 5 remedial works and adjusted or amended as necessary. Expected Completion Date: 30 November 2026.</p>	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>All Residents are provided with therapeutic diets as necessary based on their individual needs. Residents' dietary needs are monitored regularly and adjusted as required. Status: Complete.</p> <p>All relevant staff are informed in relation to the Residents' dietary requirements and there is a system in place for documented communication between departments. Status: Complete.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The newly installed Fire Doors with gaps have been fitted with drop down seals as part of Phase 3 snags. Status: Complete.</p> <p>The two bedroom doors which were sticking have been adjusted and are now functioning as required. A comprehensive checklist for the maintenance of Fire Doors has been incorporated as outlined above. Status: Complete.</p> <p>The service penetrations in the ceiling of the plant room will be fire sealed by the Contractor. Expected Completion Date: 30 June 2026.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Communication streams to the relevant staff have been reviewed and amended. The diet and fluid chart, which includes therapeutic dietary requirements, has been reviewed and communicated to staff. Status: Complete.</p> <p>All Resident care plans are regularly reviewed by senior nursing management to ensure the individual needs of the Residents are assessed and reflected, including specific risk assessments where necessary. Status: Complete.</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	30/11/2026
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	10/04/2026

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	10/04/2026
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	30/06/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/06/2026
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	10/04/2026