



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

## Issued by the Chief Inspector

Name of designated centre:	Ballinasloe Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Creagh Road, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	07 October 2025
Centre ID:	OSV-0005270
Fieldwork ID:	MON-0048356

## About the designated centre

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

Ballinasloe community nursing unit (CNU) is a purpose-built designated centre. The centre is situated on the grounds of the St. Brigit's Campus, Creagh in Ballinasloe. The centre consists of fifty beds, located between two care areas called the Clontuskert and Clonfert suites. The centre has four twin rooms and forty two single rooms. the overall objectives of Ballinasloe CNU is to provide a person-centred approach to care, empowering and supporting residents to be as independent as possible and to live meaningful and fulfilling lives.

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

Number of residents on the date of inspection:	45
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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 7 October 2025	09:30hrs to 17:30hrs	Rachel Seighthie	Lead

## What residents told us and what inspectors observed

This unannounced inspection took place over one day. Overall feedback from residents living in Ballinasloe Community Nursing Unit was positive. Residents who spoke with the inspector about their experience of living in the centre said it a nice place to live and "the staff couldn't be nicer".

Upon arrival to the centre, the inspector was greeted by the person in charge. Following an introductory meeting, the inspector spent time walking through the centre, giving an opportunity to meet with residents and observe their living environment.

The designated centre is a purpose built, two-storey facility which is located in on the grounds of the St. Brigit's Campus, in Ballinasloe, Co. Galway. The centre is laid out over two floors, with stairs and passenger lift access between floors. Resident private and communal accommodation was arranged in two separate units, known locally as the Clonfert and Clontuskert suites. Resident bedroom accommodation consisted of 42 single bedrooms and four twin bedrooms, with ensuite facilities. The centre is registered to provide care for 50 residents and were 45 residents living in the centre on the day of inspection.

As the inspector walked through the centre, they noted that the atmosphere was calm and friendly. In the morning time, some residents were observed relaxing in the communal areas, and some were in the process of getting ready for the day. The inspector observed that staff were attentive to residents requests, and they appeared to be knowledgeable of residents' individual needs and preferences. Resident bedrooms were noted to be spacious, clean and tidy. Some residents explained that they preferred to relax in the comfort of their own bedrooms throughout the day, and they could attend the communal areas, at their leisure. The inspector observed that many residents had personalised their bedrooms with ornaments, photographs and other items of significance. There was adequate personal storage and lockable storage was provided. Call bells and televisions were available in all resident bedrooms. The inspector noted that resident bedroom accommodation areas were generally well-maintained, with the exception of damage to paintwork on some bedroom wall surfaces.

The inspector observed that residents had access to a number of communal areas, including sitting rooms, quiet rooms and several dining rooms. A physiotherapy treatment room and a large activity room were located on the ground floor of the centre. There was sufficient space available for residents to meet with their friends and families in private.

Residents were seen moving freely throughout the centre. The corridors in the centre were long and wide and provided adequate space for walking. Handrails were available along all the corridors to support residents' safety and independence when

mobilising. The secure outdoor courtyard and garden area was easily accessible for residents to go outdoors independently or with support from staff, if required. However, the inspector noted that the enclosed courtyard was poorly maintained.

Some fire safety concerns were observed on the walk around of the centre, as a number of fire doors were obstructed with items of equipment and several fire doors were observed to be held open with furniture.

Over the course of the day, the inspector visited residents in various areas of the centre. The feedback from residents was positive. Residents were complimentary of the meals provided, which were described as ' lovely'. Residents expressed satisfaction with the variety of activities available, and one resident told the inspector how much they loved the music activities. The inspector spoke with residents who had been recently admitted to the centre, and with several residents who they had met on previous inspections. The residents described their satisfaction with the quality of the service provided, and they told the inspector they felt they could raise any concerns to the management team, with ease. The inspector was informed by one resident that it would be difficult to find fault with the quality of the service. Residents were seen to be relaxed and comfortable in the company of staff. Residents who were unable to speak with the inspector were observed to be content.

There was a varied programme of activities in place, and a large group of residents were observed enjoying an painting activity on the afternoon of the inspection. Residents were provided with art materials and staff were observed offering support and encouragement. The person in charge also attended the activity briefly, to chat with residents, and inspector noted that it was a sociable occasion.

The inspector overheard friendly conversations between residents and staff. It was evident that the management team were well known to the residents, and they paused to speak with several residents during the walkabout of the centre.

Information regarding advocacy services was displayed in the reception area of the centre, and residents were supported access this service, if required.

Visitors were observed being welcomed into the centre throughout the day of the inspection. Residents met with their loved ones in their bedrooms or communal rooms.

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

## Capacity and capability

This was an unannounced inspection by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). This inspection also reviewed the action taken by the registered provider to address issues of non-compliance with the regulations found on the previous inspection in September 2024, in relation to infection control, fire precautions, notification of incidents and governance and management. Overall, this inspection found evidence of improvements in many aspects of the service and the management team demonstrated a commitment towards achieving compliance. Notwithstanding these positive findings, premises, fire precautions and contracts for the provision of services were not fully aligned with the requirements of the regulations.

The centre was operated by the Health Service Executive who were the registered provider of Ballinasloe Community Nursing Unit. The person in charge worked full-time in the centre and they had senior clinical support from a general manager. The person in charge was supported in their role by two clinical nurse managers, who worked full-time in a supervisory role. There were deputising arrangements in place in the absence of the person in charge. A team, including nurses, health care assistants, activity, catering, and maintenance staff made up the staffing compliment. House-keeping services were provided by an external company.

On the day of inspection, the number and skill mix of staff was appropriate, with regard to the needs of the 45 residents living in the designated centre. Communal rooms were seen to be supervised at all times and residents were observed receiving support in a timely manner. There were a minimum of four registered nurses on duty each day. Management meeting records demonstrated that staffing levels were under constant review and there was an ongoing recruitment plan in place. There was no administrative staff in post in the centre at the time of the inspection, and some administrative tasks were devolved to the clinical management team. This was recorded as a risk in the centres risk register and escalated to the provider. Recruitment was underway to fill this post at the time of inspection. Staffing resources dedicated to the provision of activities had been increased since the previous inspection.

A review of the centre's training records showed that a variety of relevant training modules were offered to staff, including moving and handling, infection control and fire safety, safeguarding residents from abuse and the management of responsive behaviour. Six staff had received training to enable them to facilitate the provision of sensory activities for residents with a diagnosis of dementia.

There were management systems in place to monitor the quality of care and service provided. The quality and safety of care was being measured through a schedule of audits that included reviews of infection control procedures, falls management and medication management. Audits were accompanied by time-bound quality improvement plans. Other quality improvement initiatives which were underway at the time of inspection included a review of resident dining space and the planned implementation of a household model of care. There were communication systems in place and records of staff and management meetings were available to review. An

example of the effectiveness of management systems was evidenced by improvements in relation to the standard of cleaning in the centre, following regular audits and meetings with the service provider and person in charge.

There was a policy and procedure in place to guide on the management of complaints. A review of the complaints records found that the majority of complaints and concerns had been addressed and resolved at the time of inspection, and managed in line with the requirements of Regulation 34: Complaints procedures.

A paper-based record of all accidents and incidents involving residents that occurred in the centre was maintained. Incidents were reported in writing to the Chief Inspector, as required under Regulation 31: Notification of incidents.

The inspector reviewed a sample of staff files and found that they contained all of the required information as set out under Schedule 2 of the regulations.

The inspector found that a sample of contracts for the provision of care reviewed did not align fully with the requirements of the regulations. This is detailed under Regulation 24: Contracts for the provision of care services.

An annual report on the quality of the service had been completed for 2024 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team. There was an associated quality improvement plan.

### Regulation 15: Staffing

There were 45 residents living in the centre on the day of the inspection. The number and skill mix of staff was appropriate having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records reviewed by the inspector demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of residents.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place with identified lines of authority and accountability. There were sufficient resources available and an effective monitoring systems in place to ensure the quality and safety of resident care.

An annual report on the quality of the service had been completed for 2024.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

A sample of contracts for the provision of care was reviewed by the inspector. Contracts viewed did not align fully with the requirements of the regulation. For example:

- Fees to be charged for accommodation provided were not recorded in one resident contract.
- Fees to be charged for additional services were not recorded in two resident contracts.
- The resident bedroom number and occupancy of the bedroom were not recorded in two resident contracts.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

A paper-based of accidents and incidents was maintained in the centre. Records evidenced that incidents were investigated and preventative measures were recorded and implemented, where appropriate. The person in charge informed the Chief Inspector of notifiable events, in accordance with Regulation 31.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was an accessible procedure for dealing with complaints which included a review process. A record of complaints was maintained which records contained

included the investigation carried out and the complainant's satisfaction with the outcome.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the standard of care provided to residents living in the centre was of a satisfactory quality. The inspector found that the provider had addressed the actions committed to following the previous inspection in relation to infection control. Residents' care needs were being met through good access to health and social care services and opportunities for social engagement. Notwithstanding the positive findings, premises and fire precautions did not fully meet the requirements of the regulations.

The designated centre had a fire safety system in place, including fire-fighting equipment and a fire detection and alarm system. Staff had access to a fire safety training programme and regular fire drills were completed to ensure that residents could be evacuated in a safe and timely manner. However, records of fire drills completed were not comprehensive and they did not provide adequate detail regarding the fire evacuation scenarios simulated by staff, and therefore did not evidence that residents could be evacuated to a place of safety in a timely manner in the event of a fire emergency. The provider had completed repair works to a number of fire doors since the previous inspection, however, doors to some communal rooms were held open with furniture, which would negatively impact on the containment of flame and smoke in the event of a fire. This finding is detailed further under Regulation 28: Fire precautions.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The centre was warm and homely, and residents were supported to personalise their bedrooms. However, some areas of resident accommodation were in state of disrepair, and there was not sufficient suitable storage space in the designated centre. This is detailed under regulation 17: Premises.

Infection control practices were overseen by the person in charge. The centre was found to be generally clean throughout and the provider had taken action to enhance the ancillary facilities since the previous inspection. Sluice rooms on both floors had been reconfigured to improve accessibility. Resident bedrooms and communal rooms were clean. The inspector saw that the equipment in use in the centre was clean on the day of inspection.

The centre had an electronic resident care record system. Residents had a comprehensive assessment of their needs completed prior to admission to the centre, to ensure the service could meet their health and social care needs.

Following admission to the centre, a range of validated clinical assessment tools were used to identify potential risks to residents including those relating to skin integrity, nutrition, and mobility. The outcomes of assessments were used to develop a 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, and reviewed every four months or as changes occurred, in line with regulatory requirements.

The use of restrictive practices was monitored on a continuous basis and work was ongoing to ensure that restrictive practices were minimal. There were arrangements in place to support residents that exhibited responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment). Care plans were developed for these residents, which outlined appropriate, person-centred de-escalation strategies to guide staff.

Residents had timely access to a medical officer and a physiotherapist attended the centre three times per week. Referrals were made to allied health services including tissue viability nurses, dietitians and occupational therapy services, where required.

Measures were in place to safeguard residents from abuse. Staff had completed up-to-date training in the prevention, detection and response to abuse. Records demonstrated that any suspected or alleged safeguarding concerns were investigated by the person in charge and a review of resident care records found that detailed safeguarding care plans were developed for a number of residents.

There was a programme of activities in place and an activity committee met quarterly to review the schedule of activities available. Activities provided included individual outings, art, sensory activities for residents with dementia, games, baking, outings and animal therapy. Residents were observed engaging in the planned activities during the day of the inspection.

Resident meeting records demonstrated that there were opportunities for the residents to meet with the management team and provide feedback on the quality of the service and have discussions around other topics of interest. Agenda items were varied and included activities, menus, local community events, politics and sport. Advocacy services were available to residents, and there was evidence that residents were supported to avail of these services, as needed. Residents had access to religious services and resources, and were supported to practice their religious faiths in the centre.

Residents were supported to retain control over their personal possessions. There was adequate storage in resident bedrooms for their property and items of significance. Resident personal clothing was laundered regularly and returned to each resident.

There were flexible visiting arrangements in place. Visitors were observed attending the centre throughout the day of the inspection. The inspector saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

## Regulation 17: Premises

The following issues were identified which were not in line with Schedule 6 of the regulations:

- Wall surfaces in several resident bedrooms were not maintained in a satisfactory state of repair.
- The residents external courtyard garden was poorly maintained.
- There was visible damage to a door frame in the laundry room.
- The call bell unit in the assisted bathroom on the Clontuskert unit was damaged.

There was insufficient suitable storage space in the designated centre. This was evidenced by:

- Storage of kitchen cleaning chemicals in the sluice room on both floors of the centre.
- Storage of catering and household supplies alongside clinical equipment.

Judgment: Substantially compliant

## Regulation 27: Infection control

Overall, the building was found to be very clean. Infection prevention and control measures were in place. Staff had access to appropriate infection control training.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider did not have adequate precautions against the risk of fire in place. For example:

- Fire exit doors were obstructed by equipment in the laundry room and in two communal rooms.

The provider did not have adequate arrangements in place for the containment of fire. For example:

- Several fire doors in communal areas were observed to be held open with furniture during the inspection. This practice may impact the effectiveness of the door to contain fire, smoke or fumes in the event of a fire emergency.
- A door closure device was not fitted on the smoking room door, located on the ground floor of the centre.
- There was a visible gap in the door of the ground floor dining room, and the intumescent strip was damaged.

The provider did not demonstrate that they had ensured that all persons working in the centre were aware of the procedure to be followed, in the case of fire. For example:

- Although records of simulated drills were available, they did not clearly detail the number of participants involved, the dependency of the residents involved, and the type of equipment used to evacuate each resident in the event of a fire safety emergency in the centre.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents care documentation was maintained on an electronic system. Residents' care plans were developed following assessment of need, using validated assessment tools. Care plans were seen to be completed in conjunction with residents and their representatives. Care plans were updated at regular intervals.

Judgment: Compliant

### Regulation 6: Health care

A review of a sample of residents' files found that residents' health care needs were regularly reviewed by their Medical Officer. Residents were supported by allied health care professionals including a physiotherapist, dietitian, and a speech and language therapist. The residents were also supported by the community palliative care and psychiatry for later life teams.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

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

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to ensure residents were safeguarded from risk of abuse and the procedures to be followed by staff were set out in the centre's policies. All staff were facilitated to attend safeguarding training. Incidents and allegations of abuse were investigated and dealt with appropriately by the provider.

Judgment: Compliant

### Regulation 9: Residents' rights

There was a varied programme of daily activities in the centre for residents to participate in, if they chose to. The registered provider had ensured that residents were consulted about the management of the designated centre through participation in residents meetings and undertaking resident surveys. Resident had access to an independent advocacy service.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	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 Ballinasloe Community Nursing Unit OSV-0005270

Inspection ID: MON-0048356

Date of inspection: 07/10/2025

## 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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ul style="list-style-type: none"> <li>• Since the inspection on 7/10/25, each resident has been notified about their statement of account from the Nursing Home Support Office. Administrative staff have been appointed and have issued a letter from HSE Financial Shared Service to each resident to inform them of their current financial information. This function was overseen by and CNM 2/DON.</li> <li>• Fees to be charge for additional services have been included in all residents' contracts of care.</li> <li>• Each resident's contract of care has been updated to include the fees charged for accommodation.</li> <li>• Each resident's contract of care has been updated to include the bedroom number and the occupancy of that room.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A review of the rooms with damaged walls was completed and report sent to maintenance to complete the repairs and repaint damaged walls. This is expected to be completed in March 2025. This is an ongoing process as rooms become require upgrade/refurbishment, it is reported to maintenance and the job is completed. The condition of the Residents' courtyard has been reported to maintenance and the grounds man to improve. Maintenance has been notified about the damaged door frame and are going to repair this by March 2026. The call bell in the assisted bathroom on Clontuskert has been repaired. A review of the call bell system is currently underway with a view to</p>	

upgrade the system. INSUFFICIENT STORAGE SPACE: A meeting with OPS manager and maintenance has identified a suitable storage space for the appropriate storage of catering/household supplies and clinical equipment and to keep them separate. A reminder (in the form of Safety Pause information, Memo, Email and Poster) to all staff to ensure the safe storage of chemicals was issued and CNM 2 will it implementation to ensure compliance with safe practice standards.

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Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Staff have been informed in Safety pause and notices throughout the building to cease obstructing doors especially the Laundry Room and in Communal Rooms. Maintenance have been requested to ensure that there is a Magnet door hold put in place for these rooms. Maintenance have completed that there is a Door closure device fitted on the Smoking Room door (27/11/25). Maintenance have been requested to ensure that any gaps, for example, the ground floor dining room is safe and ensure that the intumescent strip is satisfactory. FIRE DRILLS will include the number of participants, dependency of residents, and the type of equipment used. This will be documented and used learning for all drills.

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## 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	30/03/2026
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	30/12/2025

Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/12/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/03/2026
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	30/03/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	30/03/2026

	containing and extinguishing fires.			
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