

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

Issued by the Chief Inspector

Name of designated centre:	Macroon Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Macroon, Cork
Type of inspection:	Unannounced
Date of inspection:	08 May 2025
Centre ID:	OSV-0000578
Fieldwork ID:	MON-0044329

About the designated centre

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

Macroon Community Hospital dates from the 1930's. There is significant work being undertaken to modernise and renovate the building. It is a designated centre run by the Health Service Executive (HSE) and is located in the urban setting of Macroon town with nearby amenities of shops, banks, churches and walkways. It is a single storey building. Bedroom accommodation comprises 26 beds with 24 single and one twin bedroom all with shower, toilet and wash-hand basin en suite facilities. Additional toilet facilities are available throughout the centre. Communal areas comprise two day rooms, a quiet library room, a dining room with kitchenette facilities. Additional seating areas along corridors have views of the outdoor gardens. Residents have access to three secure outdoor courtyard garden spaces. Macroon Community Hospital provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

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
Thursday 8 May 2025	09:00hrs to 16:35hrs	Ella Ferriter	Lead
Tuesday 20 May 2025	10:30hrs to 14:50hrs	Niall Whelton	Support

What residents told us and what inspectors observed

This was a two day unannounced inspection, by two inspectors of social services. The inspectors attended the centre independently, 12 days apart. On day one the inspector met and greeted the 26 residents living in the centre and spoke with 13 residents in more detail, to gain an insight into their quality of life in Macroom Community Hospital. Feedback from residents was overwhelmingly positive about the care they received and the dedication and compassion of the staff. One resident told the inspector that they "never thought they would receive such good care in the later years of their life". Another resident conveyed to the inspector that they felt so content and relaxed living in the centre and they received excellent care by staff who really cared about them. The inspectors had an opportunity to meet with one visitor, during the inspection, who stated that they loved coming to visit people from the local community.

On day one of the inspection the inspector was informed that the person in charge was on planned leave. The clinical nurse manager was deputising in their absence and facilitated the inspection process. After an introductory meeting, they accompanied the inspector on a tour of the premises. The inspector observed that some residents were up, dressed and ready for the day's activities, while others were being assisted with their morning care. The inspector observed that staff knocked on residents' bedroom doors before entering and were attending to residents' care in an unhurried and respectful manner. A few residents were having breakfast in their rooms and informed the inspector that they always were given a choice about what time they would like to get up and have their breakfast. They also stated that they could choose what they would like to eat every morning.

Macroom Community Hospital is a single story designated centre for older people registered to accommodate 26 residents, which is situated in the town of Macroom, County Cork. The centre had recently been extended and refurbished and was observed to be finished to a very high standard. Bedroom accommodation in the centre consists of 24 single bedrooms and one twin bedroom, all with ensuite facilities. Residents' bedrooms were seen to be personalised with their own family pictures hung on display on the walls, soft furnishings and some personal furniture. Residents had flat screen televisions in their rooms and the inspector was informed that although Internet facilities were available in the centre they were in the process of being upgraded. One resident was seen to have their own Internet arrangements for their bedroom which facilitated them to access additional sports channels.

The inspector saw that the staff and provider had invested time and resources in making the centre as homely as possible. For example; there were pictures on the corridor walls of the local west cork scenery, murals on the garden walls of Macroom town and comfortable armchairs throughout. The communal spaces were warm and inviting and comprised of a dining room, a sitting room and a library. There was also easy access to three well maintained outdoor courtyard gardens, with wild flowers and adequate seating. Grab rails were seen throughout the centre's corridors and

the inspector observed that the centre was clean throughout and very well maintained. Call bells facilities within the centre in a few rooms required to be reviewed to ensure they were in working. This finding and others related to premises are actioned under regulation 17.

On the morning of the inspection many of the residents were in the main day room and were seen to be enjoying a lively game with staff and some were doing artwork. In the afternoon, many of the residents attended mass which was facilitated by two priests. The inspector was informed that this took place every Thursday. The inspector saw that an independent advocate was visiting the centre on the day of the inspection, assisting a resident with personal affairs. Signage was displayed in the centre on how to access these services and a review of meeting records indicated that residents were reminded of how to avail of advocacy at residents meetings.

The inspector saw that residents were offered drinks and refreshments frequently during the day. The lunch time experience in the centre was observed and it was evident that it was a sociable dining experience with many of the residents eating in the centre's dining room. Residents told the inspector the food was "excellent" and they had great choices. The chef was seen to serve residents at lunchtime and residents reported that they were always asked for feedback on the food and were encouraged to ask if they had any personal preferences. Meals were seen to be well presented and appeared appetising. Staff sat beside residents who required assistance and offered this in an unhurried manner. Residents had a choice of main course, and menus were available on tables, and residents told the inspector it was "better than a restaurant".

The inspector observed that staff engaged with residents in a respectful and kind manner throughout the day. It was evident that staff knew the residents well and were familiar with each residents' daily routine and preferences. The inspector saw that residents were well dressed and groomed to their own style. Those residents who could not communicate their needs appeared comfortable and content. Residents who were resting in their rooms during the day had access to televisions, their mobile phones and radios. Some residents told the inspector that they went out frequently with family and this was often encouraged.

The next two sections of the 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 carried out over two days, by two inspectors, to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 (as amended). Overall, findings of this inspection were that Macroom Community Hospital was a

well-managed centre, where residents were in receipt of a high standard of care. Management and staff were striving to ensure residents were provided with person centred care and support and improvements in compliance were evident since the previous inspection of June 2024. Some further actions were required pertaining to care planning, fire precautions and contracts of care and these will be further detailed under the relevant regulations of this report. The provider had also applied to vary two conditions of the centres registration and this inspection would inform the decision making process.

The registered provider of the centre is the Health Service Executive (HSE). There was a clearly defined management structure in place. The person in charge worked full-time in the centre and was supported by a clinical nurse manager and a team of nursing, health care, household, catering, activity and maintenance staff. The person in charge reports to a General Manager in the HSE, who inspectors were informed, was available for consultation and support on a daily basis. The service is also supported by centralised departments, such as human resources, fire and estates and practice development. There was evidence of good communication via quality and patient safety meetings, to discuss all areas of governance.

The provider had been granted a certificate of renewal of registration of the centre which had took effect from April 2024. As part of this process the Chief Inspector assesses the governance and management arrangements of the registered provider. Although it was evident that there was a defined management structure in place and the lines of authority and accountability were outlined in the centres statement of purpose, the senior managers with responsibility for the centre were not named as persons participating in management on the centres registration. The provider was required to review these arrangements and was afforded until October 31st 2024 to do so. However, at the time of this inspection these senior managers had yet to be named on the centres registration and the restrictive condition remained on the centres registration. This finding is actioned under regulation 23; Governance and Management.

The centre had sufficient resources to ensure effective delivery of care and support to residents and had a stable team of staff. This ensured that residents benefited from continuity of care from staff who knew their individual needs. There were adequate staffing levels for the size and layout of the centre to meet the assessed need of residents. The Person in Charge and the Clinical Nurse Manager supervised care delivery and supported the team.

There was a good system of oversight of the quality and safety of care delivered to residents through a programme of electronic audits and there was clear evidence of learning and improvements being made in response to these reports and other feedback. Audits included the monitoring of documentation, falls and infection control as well as observational audits of dining experience and workplace culture. The centre had access to a clinical development coordinator, to support and guide them with regards to clinical best practice and development of policy and procedures.

A record of incidents occurring in the centre was well maintained. All incidents had been reported in writing to the Chief Inspector, as required under the regulations, within the required time period. A sample of contracts for the provision of care were reviewed and found that some terms, relating to the admission of a resident to the centre, were not clearly described in all contracts, as required by Regulation 24(b).

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had applied to vary two of the centres registration conditions. The appropriate fees were paid and the necessary documentation had been submitted. The application reflected changes to condition one, the registered footprint of the centre and changes to condition three the occupancy of the centre.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, there was a sufficient number and skill mix of staff on duty to attend to the needs of the 26 residents, when considering the size and layout of the building. There were clear lines of accountability at individual, team and service levels, so that all staff working in the service were aware of their role and responsibilities and to whom they were accountable.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not complied with the restrictive condition placed on the centres registration. This condition stated that: "The registered provider shall, by 31 October 2024, submit to the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 as amended in relation to any person who participates or will participate in the management of the designated centre".

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents had a written contract of care agreed with the centre's registered provider. While the sample of contracts viewed contained the majority of regulatory requirements, some contracts did not include the number of the bedroom in which the resident will reside in.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector, within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Quality and safety

Findings of this inspection were that residents living in Macroom Community Hospital had a good quality of life. Residents spoke positively about the care and support they received from staff and told the inspector that their rights were respected and they enjoyed their life. Residents' needs were being met through good access to health care services and good opportunities for social engagement. Some improvements were found to be required in assessment and care planning, fire precautions and in the monitoring of restraint. These findings will be detailed under the relevant regulations.

Care planning documentation was available for each resident in the centre, as per regulatory requirements. A pre-admission assessment was completed, prior to admission, to ensure the centre could meet the residents' needs. Some care plans reviewed were person centred and were sufficiently detailed to direct care. However, some improvements were required in care planning to ensure all information contained was accurate to care delivery and contained information specific to the individual needs, which is further detailed under regulation 5 of this report.

Residents were supported to access a range of health and social care expertise. The local general practitioner visited the centre weekly. Where residents required further health and social care expertise, they were supported to access these services such as dietetics, occupational therapy, speech and language therapy and community psychiatry.

There was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way. Care plans were seen to outline de-escalation techniques, and ways to effectively respond to behaviours. However, the use and monitoring of bedrails within the centre required action as detailed under regulation 7. There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included weekly weights, maintaining a food intake monitoring chart if required and timely referral to dietetic and speech and language services, to ensure best outcomes for residents.

In general, there was good fire safety management observed. For example; escape routes were kept clear, day-to-day in house fire safety checks were completed and were up to date. However, some action was required in relation to fire doors, service records and evacuation drills which are detailed under regulation 28; Fire Precautions. The provider had addressed the findings of the previous inspection relating to evacuation procedures. Drill reports had shown that staff had omitted to close the small leaf of bedroom fire doors during evacuation. It was also found that the small leaf was not fitted with an automatic closer and relied on staff to close the door; staff had reported that the latch was too high. The provider had arranged for this latch to bedroom fire doors to be replaced, effectively lowering the height of the latch so that staff could easily reach them to close the door.

Arrangements were in place for residents to meet with the management team to provide feedback on the quality of the service they received through regular residents' meetings and surveys. From a review of minutes of residents meetings, it was evident that the management team acted on feedback received from residents. For example, residents had requested art classes and these were arranged. Inspectors found that residents with communication difficulties had their communication needs assessed and had a care plan supporting resident and staff engagement.

Regulation 10: Communication difficulties

Staff were observed communicating appropriately with residents who were cognitively impaired and those who did not have a cognitive impairment. For residents with hearing and visual difficulties, their care plan referred to their use of glasses and hearing aids to enable effective communication and inclusion. Staff were familiar with resident's specialist communication requirements.

Judgment: Compliant

Regulation 11: Visits

The registered provider had arrangements in place to facilitate visiting in the centre. Residents could meet their relatives and friends in the privacy of their bedrooms or in the communal areas of the centre.

Judgment: Compliant

Regulation 17: Premises

Action was required to meet the requirements of the Regulation 17 and Schedule 6, for example;

- The call bell cords in two resident toilets and the call bell in one assisted bathroom was missing. Therefore, residents may not be able to call for assistance if required.
- The sinks in residents' en suites did not have a means to retain water in the sink if a resident wished to use this for personal hygiene.
- A plasterboard panel in a residents toilet was observed to have a hole in it. This required action to ensure the fire containment of the ceiling.
- Small coffee tables in the library and along a corridor were not stable, owing to the legs being loose.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Daily menus were displayed in suitable formats and in appropriate locations so that residents knew what was available at mealtimes. There was adequate numbers of staff available to assist residents with their meals. Assistance was offered discreetly, sensitively and individually. Residents were monitored for weight loss and were provided with access to dietetic, and speech and language services when required.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

On review of this record the inspector was assured that all relevant information was conveyed about the resident to the acute hospital. This information is integral to ensure that the hospital is aware of all pertinent information, to provide the resident with the most appropriate medical treatment.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were required to manage the risk of fire and to ensure adequate precautions were in place evidenced by the following findings:

- the sluice room door was propped open, therefore, this would not close automatically, in the event of a fire
- there were gaps to some fire doors which required maintenance
- the inspectors viewed logs to show that fire safety equipment was being serviced, however, not all service records were available in the centre as required, this is a repeat finding.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Although some care plans reviewed were person centred and contained detailed information to direct care some actions were required as evidenced by the following findings:

- some care plans contained generic information, therefore, could not direct care delivery.
- one care plan did not contain detailed information relating to seizure management.
- a recently admitted resident had insufficient information in their care plan with regards supports required with their activities of daily living.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to access a range of health and social care expertise. Where residents required further health and social care expertise, they were supported to access these services. There was a low incidence of pressure ulcer development within the centre and wound care practices were found to be based on evidence based nursing practices.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging
<p>Action was required to comply with this regulation evidenced by the following finding:</p> <ul style="list-style-type: none"> • Restraint was not being monitored effectively in the centre. Inspectors observed seven residents with full bedrails in place, however, as per the centres records and from discussions with staff there were no bedrails in use in the centre. Therefore, inspectors were not assured they were being appropriately assessed for, allocated and monitored. A review of audits relating to bed rail use found they were 99% complaint. However, this was not evident on the day of this inspection.
Judgment: Substantially compliant
Regulation 8: Protection
<p>Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. The provider was not a pension agent for any residents living in the centre.</p>
Judgment: Compliant
Regulation 9: Residents' rights
<p>The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Voting was facilitated in the centre and residents were facilitated to practice their religion.</p>
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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Macroom Community Hospital OSV-0000578

Inspection ID: MON-0044329

Date of inspection: 20/05/2025

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider makes representation under Section 50 Health Act 2007 (as amended) in relation to Regulation 23 – Governance and Management that the person who will participate in management of the designated centre is the person in charge and their qualifications have already been submitted to the Chief Inspector pursuant to Section 49(1)(b)(ii). The person in charge is supported by Older Persons Service Cork Kerry Community Healthcare</p> <p>The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.</p> <p>The registered provider failed to provide a date for achieving compliance with Regulation 23 (1)(b).</p>	
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> <p>All residents contracts of care have been updated with the bedroom number in which the resident resides in.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The call bell cords in communal resident's toilets have been reviewed and are now in working order, a new call bell has been installed in the assisted bathroom.</p> <p>The maintenance department has reviewed sinks in resident's en suites and same have been fitted with a mechanism to retain water if resident wishes to do so – Sink stoppers have been fitted in sinks in refurbished (unoccupied) resident's bathrooms. Retrofitting stoppers to sinks in occupied en suite bathrooms (new section) is under review by estates and will be resolved and completed by the end of the month.</p> <p>The hole in the plasterboard panel in assisted toilet will be addressed by HSE maintenance department and completed by Friday June 27th 2025</p> <p>The legs of the small coffee tables in the library and along corridors has been tightened and fixed</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The propping open of doors has been added to the safety pause, it will be discussed and highlighted at each safety pause - all staff have been informed of the risk of keeping fire doors propped open. This will also be monitored and addressed if needed by Person In Charge during daily walkabouts.</p> <p>Service records of fire safety equipment has been requested from maintenance in the proper format and that it will be sent to management in Macroom automatically after every inspection. PIC will monitor the provision of certificate and ensure they are in place.</p> <p>Fire door works have been completed with confirmation of same submitted to HIQA on 23 06 2025</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>Care plans highlighted on the day of inspection have been updated with current care needs of residents to include information to support management of these residents.</p> <p>The Person In Charge will ensure that the care plans reflect specific care needs, person centred and are detailed to inform individualised care going forward. Audits of care plans will continue to be carried out and any necessary actions followed through</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Restrictive practice register has been updated. The Person In Charge will monitor staff practices in relation to use of restraints. Staff are educated to maintain adherence to national policy. The use of bed rails and appropriate monitoring and risk assessing of use of same is being addressed and discussed at daily safety pause</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	30/06/2025
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	The registered provider failed to provide a date for achieving compliance with Regulation 23 (1)(b).
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated	Substantially Compliant	Yellow	28/04/2025

	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.			
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	23/06/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	02/06/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated	Substantially Compliant	Yellow	02/06/2025

	centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
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