



Report of an inspection of a Designated Centre for Disabilities (Children).

Issued by the Chief Inspector

Name of designated centre:	Hazeldene
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	12 January 2026
Centre ID:	OSV-0009030
Fieldwork ID:	MON-0047431

About the designated centre

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

Hazeldene provides a respite service to children and young people under 18 years of age on the autism spectrum disorder (ASD) and or with an intellectual disability. It is unable to accommodate children with physical and sensory disabilities. The centre is located on a large mature site in a quiet rural setting but close to a large town and amenities. It consists of a single storey bungalow which can accommodate up to three children and or young people and linked to a separate apartment which can accommodate one child and or young person. Children / young persons have access to a variety of communal recreational day spaces and to a large enclosed garden area containing play equipment. Staff will be based in the centre when children/young persons are present and a minimum of two staff members will remain on duty at night-time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Monday 12 January 2026	09:30hrs to 16:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced and first inspection since the registration of this designated centre which opened in July 2025. The inspection was facilitated by the person in charge. The inspector met with three members of staff who were on duty as well as the children's service manager who attended the feedback meeting during the afternoon. The inspector also met and observed two young children who were availing of respite in the centre.

Overall, the inspector observed that the children were provided with a good service from a committed team of staff, however, improvements were required in a number of regulatory areas. These included staff training records, staff rosters, complaints management and oversight of restrictive practices. Improvements were also required in aspects of assessment and personal planning, fire safety and in ensuring hospital passports were informative and person centered.

Hazeldene is registered to provide a respite service for children and young adults up to the age of 18 years. At the time of inspection, there were ten children who included three young adults who were still in full-time education receiving respite services on a planned and recurrent basis, with each child or young adult having their own bedroom for the duration of their stay. The length of stay is typically for one or two nights with each child or young adult availing of a varying number of nights per month. At the time of inspection, there was one child being accommodated on an emergency basis. A maximum of four children or young adults children were accommodated per night. The person in charge outlined that the service had not yet established a full-staff compliment and therefore was not yet operating at full capacity. They advised that the number of children and young adults offered a respite service was planned based on their individual assessed needs and staffing levels available. The person in charge advised that children had varying support needs including some with complex health care needs and that nursing staff were available during the day and night to support children with these complex needs. Children and young adults were supported to attend school during the school term while availing of respite services.

The house had been extensively renovated, refurbished and re-designed to meet the number and needs of children availing of respite services prior to opening in June 2025. It was a single storey detached house set on a mature site in a rural area but close to a large county town. It was spacious, bright, comfortable with under floor heating provided throughout. It was found to be visibly clean and furnished in a homely style appropriate for children. There were three bedrooms, one with en suite shower facilities in the main house as well as a large fully assisted bathroom. There was a large open plan kitchen, dining and living area, a separate sensory room and a large bright playroom which opened directly onto a large enclosed garden area. There was a separate one bedroom apartment, with a separate kitchen, dining and sitting area located and linked to the rear of the main building. There was a good

variety of suitable and appropriate toys including a range of sensory toys, games as well as arts and crafts materials available to children. The sensory room had been equipped with sensory lighting, sensory wall projectors, television, large bean bags and comfortable sofa to encourage relaxation. The large play room had a colourful soft flooring and a range of indoor play equipment to encourage play. The garden area contained a variety of outdoor play equipment including swings, see-saw, spinner, climbing frame, trampoline and football goals. Adequate storage space was provided to store children's personal belongings in each bedroom. There was a separate well equipped utility room and laundry, toilet and staff bedroom/office. The management team outlined their plans to further enhance the colour scheme and signage for doors throughout the house to ensure that they were more child appropriate.

On the morning of inspection, three children who had been availing of the service the previous evening and night had already left to attend their respective schools. One young child who was availing of emergency respite remained with staff in the centre. Later in the afternoon, another young child was collected by staff from their school and returned to the stay in the centre in line with their planned weekly respite stays. Staff were observed to engage in sensory play and supported both children to have snacks and drinks of their choice. Both children were observed to respond positively to these interactions and appeared to enjoy the interactions and company of staff. Staff told the inspector that children enjoyed partaking in a range of activities in the evenings and at weekends. Some children enjoyed going swimming or going to the hydro pool, attending the cinema, visiting animal pet farms, playing football, going for walks or drives, watching the aeroplanes take off and landing, attending playgrounds, attending local amenity parks, going for treats such as hot chocolate, ice-creams and eating out in local restaurants. Children also enjoyed spending time relaxing in the sensory room and their bedrooms, playing with toys, watching their preferred television programme's or cartoons on the television, listening to music, playing in the garden, completing arts and craft activities and partaking in baking. On the day of inspection, it was clear that both respite service users were enjoying being in the company of one another. They were observed smiling and appeared to be having fun as they interacted and played with the staff on duty.

Throughout the inspection, it was very clear that the staff prioritised the welfare and quality of life of children. Staff engagements with children were observed to be warm, personal-centred and respectful. Staff continued to ensure that the children's preferences were met through daily consultation, the personal planning process and ongoing communication with the children's representatives.

The next two sections of the report outline the findings of this inspection, in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the children's lives.

Capacity and capability

There was a clear organisational structure in place to manage the service, however, some improvements were required to the governance arrangements. There was a recently appointed person in charge who was responsible for the day-to-day operation and management of the centre, however, a team leader had not yet been appointed to provide additional management support, strengthen governance and oversight in the centre. While there was evidence of good practice noted in many areas, improvements and further oversight was required to staff rosters, staff training records, restrictive practices, complaints management, as well as some aspects of assessment, personal planning and fire safety management.

The local management team outlined that recruitment for a team leader, clinical nurse manager and additional support staff was actively taking place. On the day of inspection, there were adequate staff on duty to meet the assessed needs of children. A visual roster of staff on duty was also available to view in the centre. The inspector reviewed the rosters for January 2026 which showed that staffing levels varied depending on the number and assessed needs of children availing of respite services. Nursing staff were rostered on all shifts with a minimum of two staff on duty at night-time. At the time of inspection, there were ten core staff members with a reliance on agency staff to complete rosters. Improvements were required to the the staff rosters to ensure that the hours worked by all staff were clearly set out, to ensure that the role of each staff member was identified, and to ensure that the staff member in charge of each shift was clear.

Training records reviewed demonstrated that the core staff team had completed all mandatory training, however, there was an absence of records to provide assurances that agency staff rostered had completed the same training.

The provider had systems in place for reviewing the quality and safety of the service including six-monthly unannounced provider-led audits and an annual review. As this was a new centre, an annual review had not yet been completed, however, the provider had completed its first six-monthly review in December 2025. Areas for improvement identified in relation to the statement of purpose, medication management audit tool, restrictive practice documentation, updating of risk assessments, appointment of key workers, and building snag lists were set out in an action plan. The person in charge advised that the areas identified were due to be addressed.

The person in charge had regularly reviewed areas such as fire safety, infection, prevention and control, health and safety, incidents and medication management. Recent reviews completed had not identified any areas of concern. While reviews of restrictive practices had taken place and the Chief Inspector had been notified of environmental restrictions in place, further review and oversight of restrictive practices were required. During the course of the inspection, it was noted that monitoring cameras were in use for some children in bedrooms at night-time. The management team had not recognised the use of these cameras as a restrictive practice and therefore, had not managed their use in line with national policy. There

was no documentation in place to provide a clear rationale for their use, to show that the least restrictive option had been considered or trialled, risk assessments had not been completed and there were no protocols in place for their use.

The provider had a complaints policy in place. There was an easy read complaints procedure available, however, it was not displayed in the centre to assist children understand how to make a complaint. The person in charge outlined how complaints were managed, however, there were no documented records or complaint log available to demonstrate or provide assurances that complaints were recorded, monitored, or managed in line with the policy.

Regulation 14: Persons in charge

The provider had recently appointed a new person in charge. They worked full-time, had a regular presence in the centre and were well known to staff and children. The provider had notified the Chief Inspector of the change to the person in charge as required. The notification had not yet been progressed at the time of inspection as all of the prescribed documents required to be submitted had not been received.

Judgment: Substantially compliant

Regulation 15: Staffing

The provider had not yet established a full compliment of staff and therefore was not yet operating at full capacity. However, there was adequate staffing provided to meet the assessed needs of respite users availing of the current service and recruitment to fill additional posts was actively taking place.

Improvements were required to staffing rosters to ensure that it was properly maintained, to ensure that the hours worked by all staff were clearly set out, to ensure that the full name and role of each staff member was identified, and to ensure that the staff member in charge of each shift was clear.

Judgment: Substantially compliant

Regulation 16: Training and staff development

While the provider had ensured that all core staff who worked in the centre had received mandatory training, improvements were required to ensure that there were adequate records available to provide assurances that all agency staff had completed the same mandatory training. Core staff had completed training in areas

such as fire safety, positive behaviour support, manual handling, Children first and safeguarding. Additional training was provided to staff to support them to safely meet the support needs of children including various aspects of infection prevention and control, administration of medications, epilepsy care, positive behaviour support and a human rights based approach to care and support.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre had an established organisational structure with a person in charge responsible for the day today management of the service. Recruitment was ongoing to strengthen the local management team and increase oversight capacity. While a number of effective oversight systems were in place including provider-led audits and regular reviews of key areas taking place, some aspects of governance required further development. Improvements were required to staff rosters and to provide assurances regarding mandatory training for all staff. In addition, governance systems required strengthening to ensure restrictive practices were clearly identified, appropriately risk assessed and managed in line with national policy. While a complaints policy was in place, arrangements needed enhancement to ensure an accessible complaints procedure was prominently displayed, that records of complaints made were accessible and demonstrated that they were being managed in line with policy.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to reflect recent changes to the management of the centre. This improvement had also been identified by the recent provider-led audit.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had a complaints policy in place, however, the complaints procedure was not displayed in the centre as required. There was an easy read complaints procedure available, but it was not displayed in the centre to assist children understand how to make a complaint. The person in charge outlined the details of a

recent complaint received and how the complaint was being managed. However, there were no documented records or complaint log available to demonstrate or provide assurances that complaints were recorded, monitored, or managed in line with the policy.

Judgment: Substantially compliant

Quality and safety

The management team and staff strived to ensure that children and young persons received an individualised, safe and good quality respite service. The children were observed to be comfortable and familiar in their environment and with the staff supporting them. The provider had adequate resources in place to ensure that their assessed needs were met, that they were supported to attend school, get out and engage in activities that they enjoyed. While staff had completed fire safety training and had good fire safety awareness, improvements were required to some aspects of fire safety management.

The inspector reviewed the files of three children. While most of the personal planning documents reviewed were informative and up to date, there were some inconsistencies noted. There was no assessment of need available on one child's file reviewed. There were individual risk assessments as well as support plans and protocols in place for specific health care conditions outlining clear guidance for staff. Staff spoken with were knowledgeable regarding the childrens' specific health care needs and dietary requirements.

All children had identified personal goals which they hoped to achieve while availing of respite. There were key working arrangements in place to support personal outcomes and individual goals, however, this needed review to ensure that every child was allocated a key worker. The person in charge advised that this was due to be addressed as three new staff had recently been recruited, they outlined how it was due to be discussed at the upcoming staff meeting later in the week.

Children and young persons had access to general practitioner (GP) services while availing of respite services. Staff advised the inspector that due to the respite nature of the service, families generally managed and supported children to attend their medical and health care appointments. Children and young adults had up-to-date hospital passports. The inspector noted that some hospital passports required review to ensure that they were more informative and included useful information specific to each child in the event that they required hospital admission in an emergency.

The management team had taken measures to safeguard children and young persons' from abuse. All staff had received specific training in the protection of

vulnerable people and children. There were no active safeguarding concerns at the time of inspection.

The house was found to be visibly clean and generally well maintained. The provider had identified a number of areas that required repair including flooring to the apartment bathroom and bedroom and repairs to a door in the kitchen. The person in charge advised that the builder had been notified and was due to attend to address these issues.

Staff had received training in supporting children manage their behaviour. Children who required support had behaviour support plans in place. Staff spoken with advised that ongoing supports and training were provided by the behaviour support specialist. Staff demonstrated their knowledge of how to support children manage their behaviour and were aware of the proactive and reactive strategies outlined in their support plans. The inspector observed staff effectively and positively supporting a child's needs during the day.

There were some environmental restrictions in use to ensure the safety of children. These restrictions were clearly identified and managed in line with the national policy. However, as discussed earlier in the report, some monitoring cameras in use had not been recognised as restrictive practices and therefore were not being managed in line with policy.

There were fire safety management systems in place. Daily and weekly fire safety checks were taking place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. The fire alarm panel was located in the main hallway, however, there was no layout plan of the centre displayed which could result in a delay in locating the exact location of the fire. Records showed that the core staff had completed fire safety training. While several fire drills had taking place involving staff and children, there was no drill of a night-time scenario when there were up to four children availing of respite to provide assurances that they could all be evacuated safely in the event of fire.

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met the children's assessed needs.

The house was found to be visibly clean and generally well maintained. The provider had identified a number of areas that required repair including flooring to the apartment bathroom and bedroom and repairs to a door in the kitchen. The person in charge advised that the builder had been notified and was due to attend to address the issues.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements were required to some aspects of fire safety management. There was no layout plan of the centre displayed adjacent to the fire alarm panel which could result in a delay or confusion in locating the exact location of the fire. While several fire drills had taking place involving staff and children, there was no drill records of a night-time scenario when there were up to four children availing of respite to provide assurances that they could all be evacuated safely in the event of fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the files of three children. While most of the personal planning documents reviewed were informative and up to date, there were some inconsistencies noted. There was no assessment of need available for one child reviewed. Some hospital passports reviewed were not informative and did not include specific useful information should a child require hospital admission in an emergency. For example, they did not include information on communication needs, known medication or food allergies, eating and drinking needs, likes and dislikes.

Some children had identified personal goals which they hoped to achieve while availing of respite. There were key working arrangements in place to support children achieve personal outcomes and individual goals, however, this needed review to ensure that every child was allocated a key worker. There was no progress updates noted on some files reviewed while another had been last reviewed and updated in July 2025, therefore, it was difficult to assess if personal goals were progressing or achieved.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

it was noted that monitoring cameras were in use for some children in bedrooms at night-time. The management team had not recognised the use of these cameras as a restrictive practice and therefore, had not managed their use in line with national policy. There was no documentation in place to provide a clear rationale for their use, to show that the least restrictive option had been considered or trialled, risk assessments had not been completed and there were no protocols in place for their use.

Judgment: Not compliant

Regulation 8: Protection

The provider had systems in place to ensure that children and young persons using the respite service were protected from abuse. All staff had completed training in relation to safeguarding and Children First. There were no active safeguarding concerns in the centre at the time of inspection. The person in charge outlined how the age profile of children and young persons as well as compatibility was considered when planning respite breaks.

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Hazeldene OSV-0009030

Inspection ID: MON-0047431

Date of inspection: 12/01/2026

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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: All outstanding paperwork requested by HIQA registration was collated and submitted by hand to the HIQA office Cork on February 11th]	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment is ongoing to establish a full complement of staff. The PIC will develop a recruitment plan for outstanding posts, outlining advertisement publication dates and proposed interview timelines. A review of staff rosters will be implemented to incorporate a 24-hour clock format for all staff, include full staff names, job titles, and clearly identify the shift coordinator for each shift.]	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: PIC to obtain all relevant certificates of training from agency provider and keep on file for each agency staff. PIC has identified key workers for all service users, and all staff have been informed of same.]	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: PIC to obtain all relevant training details of agency staff from the agency provider. Agency contract will be reviewed to include all training completed by all agency staff. The Agency will send detailed list of all training completed by each staff within an agreed	

<p>timeframe. A review of staff rosters will be implemented to incorporate a 24-hour clock format for all staff, include full staff names, job titles, and clearly identify the shift coordinator for each shift. PIC to devise and implement restrictive practices for monitors used with service users, using the Enable Ireland templates. This will include risk assessment, logs and the trial of less restrictive options and this will be reviewed with all staff. PIC to implement a complaints tracker that clearly outlines complaints received and management of same. Easy read complaints policy is now displayed clearly within the centre for all children to access.]</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: SOP has now been updated to reflect change of management and admission criteria is being reviewed.]</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: PIC to implement a complaints tracker that clearly outlines complaints received and management of same. Easy-read complaints policy is now displayed clearly within the centre for all children to access.]</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Floor plan and fire evacuation pathways to be displayed correctly by the PIC. Staff to carry out nighttime simulated fire evacuations and log same.]</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: PIC will ensure all assessments of need are contained on each child's file. PIC to implement a new hospital passport and ensure all relevant information is inputted. PIC has appointed a key worker to each child, PIC along with keyworkers to implement a goal tracker for individual children and review annually when reviewing files.]</p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: PIC to devise and implement restrictive practices for monitors used with service users, using the Enable Ireland templates. To be reviewed with all staff]</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 14(5)	The registered provider shall ensure that he or she has obtained, in respect of the person in charge, the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	11/02/2026
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	16/02/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/02/2026

Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/03/2026
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff 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	28/02/2026
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	17/02/2026
Regulation 34(1)(d)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure,	Substantially Compliant	Yellow	31/03/2026

	and shall display a copy of the complaints procedure in a prominent position in the designated centre.			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/03/2026
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	12/01/2026
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or	Not Compliant	Orange	31/03/2026

	environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
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