Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Home
Name of provider:	Little Sisters of the Poor
Address of centre:	Abbey Road, Ferrybank, Waterford
Type of inspection:	Unannounced
Date of inspection:	03 June 2026
Centre ID:	OSV-0000245
Fieldwork ID:	MON-0050756

About the designated centre

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

St Joseph's Home is owned and operated by the order of The Little Sisters of the poor. It is a purpose built centre registered to provide care to 48 residents. It is situated in Ferrybank in Waterford city close to all local amenities. It provides residential care to people over the age of 65years. It offers care to residents with varying dependency levels ranging, from low dependency to maximum dependency needs. It offers care to long-term residents with general and dementia care needs. The centre comprises of two units on separate floors named; Lourdes and Fatima. All resident accommodation is provided in large single en-suite bedrooms. The centre has ample communal space with numerous dining rooms, sitting rooms and lounges throughout both floors that accommodate residents. A reminiscence room, a sensory room, an aromatherapy room and physiotherapy room and hair salon are all located within the centre. A large balcony is located on both floors, where flowers, herbs and vegetables are being grown by residents.There is a large church where Mass is celebrated daily. Outdoor space in the form of enclosed gardens and seating areas to the front and rear of the building are available for resident and relative use. The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and at night time. The person in charge lives in the centre and is on call as required. The nurses are supported by care staff, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 June 2026	09:00hrs to 17:20hrs	Sinead Corbett	Lead

What residents told us and what inspectors observed

This inspection was a one day unannounced inspection conducted by one inspector to monitor compliance with the regulations and to follow up on the compliance plan from the previous monitoring inspection in April 2025. To gain insight into the residents' experiences in the centre inspectors spoke to residents, visitors, staff and spent time observing the environment and reviewing documentation.

Overall, based on the observations of the inspector and discussions with residents, the centre appeared to be a nice place to live. Staff were observed to interact in a kind manner with residents and were attentive to their needs, residents said that staff responded to their requests for assistance quickly. The inspector spoke with seven residents in depth. Residents were very complimentary about their experiences in the centre, providing positive feedback about the food, activities and the staff. Residents told the inspector that staff were 'angels', 'they treat you like their own' and were 'devoted'. One resident said they 'fell on their feet' in relation to living in the centre and a resident said that there was 'exceptional care'. The inspector observed that there was a relaxed atmosphere in the centre and many residents were going about their day in line with their own preferences, for example, choosing when they wished to get up, what activities they wanted to participate in, and the food that they ate. Some residents could not verbally communicate their needs, they appeared comfortable and content.

Twenty seven resident responses to a provider questionnaire completed in September 2025 were reviewed. Residents were surveyed about their experiences across a number of areas, including staffing, dignity and privacy, rights, visiting and bedroom accommodation. Very high levels of positive responses were received. In addition, a relative survey was conducted by the provider in November 2025 and included questions on care and activities. 17 responses were received and all were positive.

The inspector arrived to the centre in the morning and conducted a walk around of the premises with the person in charge followed by an introductory meeting with the person in charge and an assistant director of nursing. St. Joseph's Home is a purpose built centre set out over four floors, with bedroom accommodation located on two units, namely Lourdes and Fatima units located on the first and second floors. Communal spaces and offices were located on the ground floor and ancillary services on the lower ground floor. The centre was bright and warm throughout and was decorated to a very high standard. Some communal rooms on the ground floor, such as an art and craft room, cafe, medical rooms and a shop were decorated to give the appearance of shop fronts, which contributed to a community feel within the centre. There was a choice of communal spaces for residents to use throughout the centre, for example, lounge areas and dining rooms on each floor, a large oratory, concert hall, sensory room, reminiscence room, computer room, and a library. All communal rooms were clean and comfortable. The layout of the centre

supported residents in moving around as they wished, with wide corridors and sufficient handrails. Stairs and passenger lifts enabled residents to travel between the floors.

Bedrooms were all single ensuite rooms. They were clean and were personalised with resident's own belongings. Residents had ample storage space in their bedrooms for their own items. Residents expressed satisfaction with the standard and size of their bedrooms. Each bedroom had a television which could display the residents' channel, sharing information on activities, the day's menu and news headlines.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' enjoyed homemade meals and stated that there was always a choice of meals. The daily menu was displayed in dining areas displaying a choice of meals available for lunch and evening time. Residents could choose to have their meals in the large spacious dining room on the ground floor or in the smaller dining rooms on the first and second floors.

Residents' spoken with said they were satisfied with the activities programme in the centre and the activity schedule was displayed on the residents' television channel and throughout the centre. Activities included Roman Catholic Mass daily in the oratory, musical bingo, story-time, and Sonas. Residents had access to newspapers, books, radios, and televisions. The centre's computer hub room provided residents with the use a computer and tablets if they wished, WiFi was available in the centre. Residents were observed getting their hair done in the salon, chatting and listening to music in the concert hall and using the art and craft room in the afternoon.

Visitors were seen to come and go throughout the day of inspection and visited residents in their bedrooms or in communal spaces. A visitor was complimentary about the care and staff in the centre, and said they could raise an issue if there were any concerns.

Residents had access to garden areas and a balcony on the first and second floors. The balcony doors were locked on the day of the inspection, the inspector was told this was due to poor weather on the day of the inspection.

The centre provided an in-house laundry service to residents, there were no complaints about the laundry service or reports of items of clothing missing.

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

Capacity and capability

Overall, the management team provided good oversight to ensure the effective delivery of a safe, appropriate and consistent service to residents. The centre appeared to be adequately resourced and there was a clearly defined management structure in place with clear lines of authority and accountability. Actions outlined in the provider's compliance plan following the last inspection in April 2025 had resulted in improvements in the areas of staff training, premises, and food and nutrition. Notwithstanding this, there were some gaps identified in oversight of complaint management, notification of incidents, incident review documentation, care planning and fire safety, this is outlined further under the relevant regulations.

Little Sisters of the Poor is the registered provider for St. Joseph's Home. The person in charge worked full time in the centre and reported to the regional management board. They were supported in their clinical management role by three assistant directors of nursing (ADONs) and a clinical nurse manager (CNM). A building services manager and human resources manager worked with the person in charge to oversee non-clinical operation of the centre. The person in charge was also responsible for the oversight of a team of nurses and healthcare staff, activity staff, catering staff and household staff.

On the day of inspection the staffing level and skill mix appeared to be appropriate to meet the care needs of residents. Residents were seen to be receiving support from staff in a timely manner, such as during meal times. Staff had access to a wide range of training in the centre to support them in fulfilling their roles, for example, safeguarding, fire safety, restrictive practices and infection control. Staff spoken with said all new staff underwent a period of induction. Staff spoken with were knowledgeable about their role in safeguarding residents from abuse and in fire training. The inspector was told there was a plan for an internal trainer to deliver safeguarding and manual handling training in the centre. Training on restrictive practices was organised to be delivered to staff in June 2026.

There were good management systems in place to monitor the the effectiveness of care delivered to residents and to identify areas for improvement.There was evidence of a comprehensive and ongoing schedule of audits in the centre across many areas, such as falls, nutrition, restraint, and pressure ulceration. Audits identified improvements to improve practice in the centre. Clinical governance meetings were held monthly in the centre and agenda items included key performance indicators (KPIs), audit results, quality improvement actions, training and staffing. Action plans were documented following meetings to ensure agreed actions were implemented. The annual review for 2025 was available during the inspection and the centre had identified improvement plans for 2026. Notwithstanding this, oversight in some areas were not fully effective, this is outlined further under Regulation 23: Governance and management.

The inspector reviewed a sample of records of complaints raised by residents and relatives and found they were managed within the required time outlined in the regulation. Residents spoken with were aware of how to make a complaint and whom to make a complaint to. The centre's complaints procedure and information on independent advocacy services was displayed in the centre and the centre had a

current complaints policy. The response to the complainant was not in line with the regulation, this is discussed further under Regulation 34: Complaints procedure.

Regulation 15: Staffing

Based on the inspectors' observations of staffing levels, a review of the worked and planned rosters and from speaking with residents, it was evident that the provider had sufficient staff with an appropriate skill mix to meet residents' needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a wide range of training and a review of documentation identified that all staff had completed training in topics such as fire safety, safeguarding and managing responsive behaviours. There was also good compliance with training in other topics, such as hand hygiene, manual handling and restrictive practice.

Judgment: Compliant

Regulation 23: Governance and management

A number of management systems required action to ensure the service provided is safe appropriate, consistent and effectively monitored.

- Systems overseeing the notification of incidents to the Chief Inspector were not fully effective, this is outlined further under Regulation 31: Notification of incidents.
- Systems to oversee that complaints were managed in accordance with the regulation were not fully effective, this is addressed further under Regulation 34: Complaints procedure.
- Oversight systems in place to monitor fire precautions in the centre were not fully effective, this is discussed further under Regulation 28: Fire precautions.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

One notifiable incident as set out in paragraphs 7(1)(a) to (i) of Schedule 4 was not notified to the Office of the Chief Inspector.

Judgment: Not compliant

Regulation 34: Complaints procedure

While complaints were managed in accordance with the timeline outlined in the regulation and in the centre' s local policy, a written response was not issued to the complainant informing them of the outcome of the complaint investigation.

Judgment: Substantially compliant

Quality and safety

Overall, from what residents told the inspector and what the inspector observed, residents were supported to have a good quality of life in the centre. Staff and resident interactions were kind and respectful. Residents and visitors that spoke with inspectors were complimentary about the centre and care from the staff. Since the last inspection, actions outlined in the registered provider's compliance plan following the last inspection in April 2025 were completed resulting in improvements in premises and food and nutrition. There were some gaps noted in care planning and fire precautions, these are discussed further under the relevant regulations.

The inspector reviewed a sample of residents' care plans and observed that they were comprehensive and person-centred, including information on residents' individual likes and preferences. They were documented within 48 hours of a resident's admission to the centre and were updated at a minimum of every four months. A wide range of validated assessment tools were utilised to identify risks of falls, pressure ulceration, and malnutrition. Wound management care plans included assessments and photographs to clearly record progress of the wound. While these good practices are noted, there were some gaps identified and this is discussed further under Regulation 5: Individual assessment and care plans.

Residents' medical and health needs were met through a broad range of community-based health and social care services, for example physiotherapy, speech and language therapy, specialist nursing services and General Practitioner (GP) services. The centre had a GP room and a physiotherapy room. The inspector saw that residents had access to national vaccination programmes, such as influenza and Covid-19.

Residents' views and opinions were sought through resident meetings and satisfaction surveys, for example residents' views were sought on the theme of the upcoming World Elder Abuse Day. Residents told the inspector that they could choose how they wished to spend their day. Residents had access to advocacy services. Activities were varied and input from residents was sought with regards to their preferences in relation to new activities. The inspector was told that there were plans to begin a drama group and to hold another Irish language course in the centre.

On the day of inspection, the centre was warm and comfortable. Residents had a choice of several communal spaces in the centre and there was adequate space for activities to take place. Bedrooms met the size of the requirements under the regulations and were spacious with adequate storage. Residents had access to call bells in their bedrooms and in bathrooms.

The main meal was observed and three courses were offered, with a choice of two options for the main course. Meals appeared nutritious and were well presented. Dining room tables were dressed with table cloths and placemats. The main meal was observed to be a relaxed experience and residents were observed chatting together. Residents that required assistance were supported by staff in a respectful manner. Residents had access to drinking water taps in their bedrooms.

Good systems were in place to manage the risk of fire in the centre, with a schedule of servicing and checks in place, for example for the fire alarm system, emergency lighting, fire detection, fire extinguishers, and gas detection systems. In addition, there was a schedule of daily and weekly checks in the centre. Fire equipment such as fire doors, emergency lighting, fire extinguishers and blankets were in place in the centre and fire escape routes were clear on the day of the inspection. Fire evacuation maps and fire instructions were displayed on walls throughout the centre. Personal Emergency Evacuation Plans (PEEPs) for residents were stored on each unit, they documented all relevant information. New evacuation equipment had been put into place and evacuation drill training had been provided to staff incorporating new equipment and vertical evacuation. Staff spoken with said that there is a test fire alarm drill weekly, the inspector was told that each staff member carries a bleep which would indicate the location of where the fire alarm was triggered. Fire safety initiatives, such as training were displayed on a storyboard in the centre. The inspector was told that a fire safety risk assessment had been completed recently and a final report was awaited, however, the inspector was told there were no high risks identified. Notwithstanding this, there were some areas which did not fully meet the requirements of the regulation, this is discussed further under Regulation 28: Fire precautions.

Regulation 11: Visits

The centre had a written visitor policy and arrangements were in place for residents to receive visitors. There were suitable spaces for residents to receive a visitor other than their bedroom if they wished.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the premises met residents' individual and collective needs. The premises conformed to the matters set out in Schedule 6 of the regulations and was very well-maintained both internally and externally.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to nutritious meals, snacks and drinks throughout the day. There was an adequate number of staff available to support residents at meal times and residents were supervised and assisted with meals where required to ensure their nutritional needs were met.

Judgment: Compliant

Regulation 28: Fire precautions

While there were good fire safety systems in place, some gaps were noted as follows:

- The kitchenettes on the first and second floor had microwaves and toasters and there was an oven in the cafe, which is a communal space. However, there was no risk assessment to review if there were adequate fire safety control measures in place in the kitchenettes or in the cafe and fire fighting equipment was not located in these areas.
- Hoist batteries were charging in a designated room, however, they were located beside open shelving containing continence wear. The storage of combustible items beside a potential source of fire poses a risk of fire spread if a fire were to occur.
- A review of evacuation drill records identified that since the last inspection in April 2025, evacuation drills had not been completed with the minimum number of staff that may be on duty, e.g. on night duty. Therefore, it was

not clear that staff would be sufficiently competent in evacuation procedures if evacuation of residents was required at night.
- A review of records identified that seven staff were overdue refresher annual training on fire safety.
- Four cross-corridor fire doors did not close properly, therefore, they would not sufficiently contain smoke or fire in the event of a fire in the centre. These were brought to the attention of the person in charge and were addressed by maintenance services on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A small number of care plans reviewed were not updated to include changes in the resident's needs, and therefore did not include sufficient detail to direct care, this was evidenced as follows:

- One nutrition and hydration care plan was not updated to include the recommendations made by a dietician in relation to a resident's dietary needs.
- One care plan was not updated to reflect that the frequency of safety checks had changed for a resident, while staff on the day of the inspection were carrying out the safety checks at the correct timings, this could lead to a lack of clarity for staff not aware that the frequency of safety checks had changed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to general practitioners (GPs), allied health professionals, specialist medical and nursing services. Residents had access to aids and appliances to maximise their independence and reduce risks, such as falls and pressure ulcers.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had completed training in the area of managing responsive behaviours. The validated antecent-behaviour-consequence (ABC) assessment tool was used to identify triggers and manage responsive behaviours. Care plans for the management of residents' responsive behaviours included person-centred interventions. Risk assessments were completed and documented for restrictive practices such as the use of bedrails and the use of restrictive practices were reviewed with the input of the multi-disciplinary team. Hourly checks of bedrails were documented in line with the centre's policy.

Judgment: Compliant

Regulation 9: Residents' rights

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. Residents were provided with the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents meetings

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Joseph's Home OSV-0000245

Inspection ID: MON-0050756

Date of inspection: 03/06/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Following the inspection, the person in charge has undertaken a comprehensive review of the areas of non-compliance identified and has implemented immediate corrective actions where required. Governance and oversight arrangements have been strengthened to support regulatory compliance. The person in charge will continue to monitor compliance through regular audits, governance meetings and quality improvement initiatives to ensure that the actions implemented are effective, sustainable and support the delivery of safe, person-centred care. Each non-compliance identified during the inspection has been addressed and actioned individually as detailed below in the relevant regulation.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The person in charge acknowledges that a notifiable incident was not submitted to the Office of the Chief Inspector as required. To prevent recurrence, the following measures have been undertaken: • The incident notification procedure has been reinforced with the members of the management team.	

• The management of any unexplained absence of a resident from the centre has been included in the morning and night huddles.
• The management of any unexplained absence of a resident from the centre is now included as an element of our safeguarding training.
• The Person in Charge will review all incidents on a weekly basis to confirm whether they meet the criteria for statutory notification.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

A written response has been issued to the complainants informing them of the outcome of the complaint investigation.
A standardised complaint outcome letter template has been developed to ensure consistency and compliance with regulatory requirements.
The Person in Charge will review all completed complaints to verify that a written response has been issued and documented on the complaint file.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Fire risk assessments have been completed for the kitchenettes to identify fire hazards associated with cooking appliances and to determine appropriate fire safety control measures. These risks will also be included on the centres organisational risk register. Appropriate fire-fighting equipment has been installed in these areas.
The designated hoist battery charging room has been reorganised. All combustible materials, including continence wear, have been removed from the vicinity of the charging station and appropriate separation distances are now maintained. Storage arrangements have been reviewed to ensure the room remains free from unnecessary combustible materials.
The programme of evacuation drills has been revised to ensure drills are completed across all shifts, including night duty, using the minimum number of staff that may be available. Learning from each drill will be documented and any improvements identified will be incorporated into practice. Simulated nighttime drills will commence on 21/07/2026.

All staff who were overdue annual fire safety refresher training attended training on 09/07/2026. There is currently only one staff member overdue training as they were on annual leave on 09/07/2026. Arrangements have been made for this person to attend training on 20/07/2026
The four cross-corridor fire doors identified during the inspection were restored on the day of inspection. All fire doors have since been checked to confirm they close effectively. Weekly checks of the fire doors will be undertaken to monitor the integrity and operation of fire doors throughout the centre.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Immediate action was taken to review and update the identified care plans to accurately reflect the current dietetic recommendations and the revised frequency of safety checks.
Weekly audits of randomly selected care plans will be undertaken to verify that care plans accurately reflect current assessments, healthcare professional recommendations and the care being delivered.
Findings from care plan audits will be reviewed at clinical governance meetings, and any identified deficits will be addressed through supervision, feedback to nurses and additional training where required.
Ongoing clinical supervision will support staff in maintaining accurate, person-centred and contemporaneous care records.

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 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	16/07/2026
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	31/07/2026
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable	Substantially Compliant	Yellow	31/07/2026

	training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/07/2026
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	16/07/2026
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not	Substantially Compliant	Yellow	16/07/2026

	their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.			
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	16/07/2026