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:	Waterford Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballinakill Downs, Dunmore Road, Waterford
Type of inspection:	Unannounced
Date of inspection:	28 April 2026
Centre ID:	OSV-0000255
Fieldwork ID:	MON-0049527

About the designated centre

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

Waterford Nursing Home is a two-storey purpose-built centre located on the outskirts of the city. It is registered to accommodate up to 60 residents. In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused nursing care, catering service, and activities, delivered by highly skilled professionals. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the centre. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The centre has 40 single and 10 twin bedrooms all have either full en-suite facilities including a shower, toilet and wash-hand basin or a toilet and wash-hand basin. One lift and several stairs provides access between the floors. Communal accommodation includes two dining rooms, day rooms, an oratory and a visitors' room. There is a beautiful well maintained enclosed garden with seating and tables for residents and relatives to enjoy. The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and at night time. The nurses are supported by the person in charge, care, 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:	58

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
Tuesday 28 April 2026	10:00hrs to 18:00hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. The purpose of the inspection was to assess ongoing compliance with the regulations and standards, following an application by the registered provider to renew the registration of the centre.

The inspector spoke with many residents during their visit, including seven in more depth. Overall, residents gave very positive feedback about life in Waterford Nursing Home. One resident said "I don't want for anything" and said they were glad to be living there. Many residents praised the staff as being excellent at their work, while another commented that the food was delicious and plentiful.

The inspector arrived in the morning and was greeted by the person in charge, who had commenced in the role a few weeks previously. After a short introductory meeting, the inspector observed daily life in the centre, spoke with residents, visitors and staff, and reviewed various documents to gain insight into residents' lived experiences.

Waterford Nursing Home is registered for 60 residents, with 58 living there on the day of inspection. The building is purpose-built and bedrooms and communal rooms are located over two floors. The communal rooms were generally comfortable and nicely decorated, with the exception of a visiting room on the ground floor which required redecoration and refurbishment to ensure it was suitable for its' intended purpose. Currently, the room was not an inviting place for residents and visitors to use. While some minor wear-and-tear was visible to furniture and fixtures such as bedrails, handrails and flooring, a progressive maintenance plan was in place to ensure ongoing improvements. Notwithstanding, the inspector observed gaps in the management of premises, including some fire doors that were not closing effectively which could adversely impact on the quality and safety of the residents, and these findings are outlined further in the report.

Visitors were observed coming in and out of the centre throughout the day. The inspector spoke with three visitors who all said that they were happy and grateful for the care provided to their loved ones. Visitors said that they were always kept updated with any changes or concerns, and that if they had any issues they felt confident to bring them to the attention of staff.

The inspector observed the lunchtime dining experience and noted that the main dining room was bright and spacious, with large glass doors and windows overlooking the garden. Many residents were seated together, chatting and enjoying their meals. A daily selection of menu options was available, and the dishes were well-presented, appealing, and nutritious. Some residents preferred to eat in their own rooms, and the inspector saw that staff delivered meals directly from the kitchen so they arrived hot. Staff sat with residents, offering discreet help and

encouragement when needed. A wide range of hot and cold drinks were available during meals and throughout the day. In the afternoon, residents were treated to traditional Waterford Blaas with Tayto crisps. There was light-hearted chatter and banter amongst residents and staff and a good sense of camaraderie.

Residents were observed moving around the centre independently or with support. Handrails were provided on all corridors and the inspector observed staff actively promoting residents' independence and mobility. Residents could independently access the lift to go between floors. The garden was freely accessible through the dining room and residents were seen walking out to enjoy the weather. The smoking room had been relocated from an internal room on the second floor to a permanent external structure in the garden. The old smoking room was then repurposed for equipment storage. Residents were adequately supported by staff, if necessary, to use the smoking area.

There was a good activities schedule in place which was displayed in the communal areas. During the day, groups of residents engaged in an art and craft class and gentle exercise-based games. Residents said they enjoyed the activities on offer, and this was reflected in the minutes of residents' meetings, and recent surveys, which showed high levels of satisfaction with the activities and outings on offer.

There was a number of residents who were unable to give their feedback to the inspector, due to their cognitive diagnosis. The inspector saw that these residents appeared content and comfortable, and were part of the activities and mealtimes during the day. Staff were knowledgeable about these residents' conditions and could determine if they were in discomfort and type of communication. A small number of residents chose not to interact with other residents and preferred to spend their time alone. Others who were frailer, required more time in bed. The inspector observed that these residents were regularly checked by staff and there was time in the activities programme set aside for one-to-one interactions in residents' rooms.

The following two sections of the report will describe how the governance arrangements in the centre impact upon the quality and safety of the care and services provided for the residents. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

The governance and management systems in the centre had improved since the last inspection of 2 September 2025, and were contributing to the delivery of good quality care. It was evident that the management and staff of the centre were working towards full compliance with the regulations. Aspects of the premises, and fire safety management required further strengthening to ensure that the

environment was maintained in a safe, yet homely manner. This is discussed further under the relevant regulations.

This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 to 2025 (as amended). The registered provider of Waterford Nursing Home is Mowlam Healthcare Services Unlimited Company. The company owns and operates a number of designated centres nationally. Organisation-wide management systems were in place to ensure that the quality of care provided to residents was consistently reviewed. Records showed that management meetings were held regularly, during which all aspects of the service were examined, including audits and quality improvement initiatives. The new person in charge had commenced a series of introductory meetings with each of the departments and was becoming familiar with the established systems in the centre. The person in charge was fully supported by a healthcare manager and a quality and compliance manager during their induction period.

There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. There were deputising arrangements in place for key management roles. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose.

There was a schedule of regular audits, including audits of restrictive practices, food and nutrition and incidents. Quality improvement initiatives were assigned following each audit. Incidents and accidents occurring in the centre were subject to appropriate investigation and review, and where required, were submitted to the office of the Chief Inspector in a timely fashion. The overall annual review of the quality of care delivered in 2025 had not been completed. This is required under the regulation, as it provides a thorough analysis of the care and support provided, and determines the quality improvement plan for the upcoming year.

The person in charge was supported in the role by an assistant director of nursing, who worked in a wholly supernumerary role. Teams of staff nurses, healthcare assistants, activities coordinators, administrative, catering, domestic and maintenance staff provided further clinical and social support to the residents. The centre had a nominated infection prevention and control (IPC) link practitioner to increase awareness of IPC and antimicrobial stewardship. Staffing levels were appropriate to meet the individually and collectively assessed needs of the residents. Staffing levels were stable, with minimal use of external agency staff.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of the centre's registration within the required time frame. The application contained all of

the relevant information including floor plans of the premises and an updated statement of purpose.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. She had the necessary experience and qualifications to fulfill the regulatory requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed needs of the 58 residents living in the centre on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there were good governance and management systems in place to ensure the delivery of safe and effective care to residents. Nonetheless, the annual review of the quality of care delivered to residents in 2025 remained in draft form and was not available for full review. This meant that the associated quality improvement plan for 2026, derived from the review, had not been established or implemented in practice.

A recent health and safety audit had identified that there was no risk assessment in place for the outside areas of the centre. The inspector identified one area of risk in the gardens; a large steel crate was housing old oxygen cylinders. This crate was severely rusted and flaking and posed an injury risk to residents.

Oversight of the management of fire safety at the centre required to be strengthened so that the provider's own management systems could identify gaps in a timely manner. For example, local oversight systems had not picked up on a number of risks, as further described under Regulation 28: Fire Precautions.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care which included details of the allocated bedrooms, the services to be provided and the fees payable under the Nursing Home Support Scheme or otherwise

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose prepared for the designated centre and made available for review. Minor amendments were required fo ensure that it contained all pertinent information as set out in Schedule 1 of the regulations and accurately described the facilities and the services provided.

Judgment: Compliant

Regulation 4: Written policies and procedures

Polices and procedures as set out under Schedule 5 of the regulations, for example the policy on food and nutrition and the policy on visiting were available in the centre. These were updated at regular intervals and no less than every three years.

Judgment: Compliant

Quality and safety

The findings of this inspection were that residents living in Waterford Nursing Home were supported to enjoy a good quality of life and were in receipt of a good standard of person-centred and safe care, from a team of staff who knew their individual needs and respected their choices. Some findings in relation to premises, fire precautions and reviewing of transfer documentation required review to ensure consistent safety of residents.

There was evidence of good practice in relation to resident assessment and care planning. Residents' needs were routinely and appropriately assessed and this information was incorporated into resident-specific care plans. Social assessments were completed for each resident and individual detail regarding a resident's past occupation, hobbies and interests were completed to a high level of personal detail. This detail informed individual social and activity care plans. Where required, residents had individualised safeguarding plans in place. These detailed the arrangements to ensure residents were safeguarded from all types of abuse.

Residents were provided with a good level of evidence-based healthcare in the centre. There was good access to General Practitioners (GPs) and other health and social care professionals including speech and language therapy and physiotherapy. There was appropriate delivery of evidence-based, preventative skin assessments and regular monitoring for pressure-related skin damage. Residents who were admitted with, or developed pressure ulcers or other wounds, were appropriately referred to specialist wound care nurses for additional expertise. Residents who were admitted to hospital had their relevant information documented in a transfer letter. The inspector identified that when these residents returned from hospital, not all changes to a resident's plan of care were identified and documented. This is discussed under Regulation 25: Temporary absence and discharge.

The inspector reviewed the fire safety management records. Appropriate certification was evidenced for regular servicing and maintenance of fire-fighting equipment, emergency lighting and the fire alarm panel. Fire safety training was up-to-date for all staff and fire safety was included in the staff induction programme. Personal emergency evacuation plans (PEEPs) were in place for residents, however these required review to ensure that they contained accurate information. This, and other findings which posed a risk to safe evacuation of the centre, are described under Regulation 28: Fire precautions.

Dedicated activity staff were responsible for delivering the schedule of activities in the centre and inspectors observed large and small group activities taking place in different areas of the centre in the morning and afternoon. Staff were trained and competent to provide one-to-one sensory activities to residents who could not participate in groups or whose needs were advanced. Residents enjoyed group exercises, bingo, movies and outings, and particularly enjoyed live music. Residents were happy with the choice and frequency of activities and told inspectors that staff go out of their way to facilitate their requests and needs.

Regulation 12: Personal possessions

Residents were provided with sufficient space and facilities to store their personal items. This included lockable storage for valuables or precious items. Residents reported satisfaction with the arrangements for laundering their personal clothing and confirmed that their clothing was handled with care and returned to them promptly after laundering.

Judgment: Compliant

Regulation 17: Premises

Generally, the premises was maintained in a satisfactory manner and was clean. Nonetheless, some areas of the centre required maintenance and decorative upgrades to ensure that the premises was an inviting and comfortable place for residents to spend their time. For example;

- A visitor's room on the ground floor contained a table, four chairs and two armchairs for residents use. However, this room was not decorated or laid out as a comfortable visiting area. There was various items stored within, including activities supplies, framed wall art was stacked on the ground amongst other items that required proper storage. Staff confirmed that this room was rarely used by residents.
- The garden required tidying and cleaning. One section of the ground was gravel, which was not safe for residents to walk on and reduced the total space for residents to walk or sit outside.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A sample of residents' transfer documentation was reviewed. This included transfers to and from hospital, other designated centres and home. The person in charge had not taken all reasonable steps to ensure that all relevant information about the resident was obtained from the discharging facility:

- In one instance, discharge documentation indicated that a resident had acquired two new multi-drug resistant organisms (MDROs). Nursing staff did not contact the discharging facility to verify this information or to obtain additional clinical guidance.
- Discharge paperwork also included a hospital-initiated form outlining a change to a resident’s resuscitation status in the event of acute deterioration. Nursing staff did not seek clarification from the discharging facility regarding the scope and intent of this decision. Consequently, conflicting information was recorded in the resident’s medical file.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Automatic swing-free door closers had been installed on all bedroom doors in the centre as part of a phased programme. During the inspection, a sample of these doors was tested, and two were found not to close fully when the mechanism was manually released. As a result, they would not provide effective smoke containment in the event of a fire.

Residents' individual PEEPs were completed by nursing staff within the electronic documentation system, with a copy also placed in each resident's room. An emergency fire folder was maintained at reception; however, the PEEPs contained in this central folder did not fully correspond with those completed by nursing staff. Specifically, they did not outline the distinct evacuation requirements for daytime and night time scenarios.

Ski-sheet evacuation aids, designed to enable the rapid evacuation of a resident while they remain in bed, were fitted to all mattresses. However, a review of a sample of mattresses found that two ski sheets were displaced and not correctly positioned. As a result, they would be difficult to use during an evacuation and could potentially slow down the process.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Resident care plans were detailed and person-centred, and were informed by an assessment of clinical, personal and social needs. A comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the residents' needs. A range of validated assessment tools were used to inform the residents care plans. Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes within the residents' care needs, reviews were completed to evidence the most up-to-date changes.

Judgment: Compliant

Regulation 6: Health care

The medical and nursing needs of residents were well met in the centre. There was evidence of good access to medical practitioners, through residents' own GP's and out-of-hours services when required. Systems were in place for residents to access the expertise of health and social care professionals such as dietitian services and wound care nurses through a referral pathway. An in-house physiotherapy service provided group exercise and individual physiotherapy assessments.

Judgment: Compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. For example;

- An updated safeguarding policy was in place. Staff spoken with were knowledgeable regarding what may constitute abuse, and the appropriate actions to take, should here be an allegation of abuse made
- The person in charge investigated all allegations of abuse, making appropriate referral to external agencies where required.
- Prior to commencing employment in the centre, all staff were subject Garda Síochána (police) vetting.
- There were secure systems in place for the management of residents' personal finances. The registered provider was a nominated pension agent for 3 residents. The agent arrangements were in line with the Department of Social Protection guidelines and residents' pensions were held in a separate account.
- The registered provider facilitated staff to attend regular training in safeguarding of vulnerable persons
- When required, residents were supported to access independent advocacy services.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were well respected. Residents were afforded choice in the their daily routines and had access to individual copies of local newspapers, radios, telephones and television. Independent advocacy services were available to residents and the contact details for these were on display.

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 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Waterford Nursing Home OSV-0000255

Inspection ID: MON-0049527

Date of inspection: 28/04/2026

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:

• There is a monthly management team meeting in the home chaired by the Person In Charge (PIC), which reviews all operational aspects of the home, including key performance indicators, risk management, incidents, and complaints. The HCM will attend the meetings to ensure that there is effective communication with staff regarding all relevant issues in the home.
• The PIC will continue to be supported by the Healthcare Manager (HCM) in the achievement of all required objectives and in ensuring that there are safe, high-quality systems of governance and management in place.
• The Annual Review for 2025 has been completed and a quality improvement plan (QIP) has been developed, The PIC will monitor actions from this QIP as part of the Managers daily walkabout.
• The PIC will ensure that there is an environmental risk assessment in place for external areas with particular attention to the safe storage of oxygen cylinders.
• The oxygen cage has been relocated to the rear of the building and has been rust treated and painted.
• The PIC will ensure that all staff have up to date Fire Training and Fire Drills are completed simulating nighttime staffing levels in varying compartments.
• A fire safety audit was conducted, and a Quality Improvement Plan (QIP) has been developed by the PIC and HCM, which includes fire safety training, drills and routine fire safety checks.
• The PIC will ensure that the fire safety QIP is updated quarterly. Any high-risk items on the fire QIP will be discussed by the senior management team to ensure that appropriate mitigations are in place while the risk is being managed or eliminated.
• A review of fire doors was completed, and repairs have been made to fire seals as required.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• There is a phased plan of works in place to address the required decorative upgrades. The PIC will monitor progress of works and will communicate any issues to the Facilities team.
• The visitor room has been decluttered, items not in use have been removed and it is now a more inviting space. Activities supplies are now stored in a more appropriate space, and all staff are aware to keep this room clutter-free. The PIC will monitor compliance with this.
• The PIC will ensure that a risk assessment is in place for the garden area with particular attention to gravelled area.
• The PIC will communicate with Facilities team and a plan will be put in place to ensure the outdoor area is safe, well maintained and spacious enough for residents to enjoy.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
• The PIC will monitor transfer documentation to ensure that the information recorded reflects the physical, psychological, social and emotional needs of the residents.
• The transfer document will also include any events of significance that may have occurred prior to transfer and will specifically note infection/colonization status of resident including MDRO colonization status if relevant.
• The PIC will ensure that the transfer document once completed is saved on the electronic medical record.
• For those residents returning to the Home from another facility, the PIC will ensure that all relevant information is captured and any change such as change to resuscitation status is clearly documented.
• The discharge form will be uploaded to the electronic record, and the PIC will ensure that any/all changes are discussed at daily handover and safety pause meetings.
• The PIC and CNM will monitor compliance with the completion and saving of transfer documentation to ensure the information is accurate, complete and informative.
• The PIC will ensure that the resident care plan is updated to accurately reflect changes.

Regulation 28: Fire precautions	Substantially Compliant

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

• The PIC will ensure that fire doors are checked as part of the daily Manager walkabout and any issues noted will be escalated immediately to the Facilities team.
• A comprehensive review of fire doors has been completed and where necessary doors have been replaced
• The PIC will ensure that all staff are familiar with the emergency plan that contains information on what to do in the event that an evacuation is required. This emergency folder also contains copies of individual resident PEEPs which accurately reflect the residents' evacuation needs during the day and at nighttime.
• The PIC will ensure that resident PEEPs are updated as necessary and correspond with PEEP in resident room and in electronic records.
• The PIC will ensure that all beds have a ski sheet and that it is fitted securely and appropriately. The correct fitting of ski-sheets has been demonstrated to all staff. This is also part of the fire training The PIC will monitor as part of managers' daily walkabout.

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	30/09/2026
Regulation 23(1)(e)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	12/06/2026

Regulation 25(2)	When a resident returns from another designated centre, hospital or place, the person in charge of the designated centre from which the resident was temporarily absent shall take all reasonable steps to ensure that all relevant information about the resident is obtained from the other designated centre, hospital or place.	Substantially Compliant	Yellow	28/05/2026
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	28/05/2026
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	28/05/2026