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:	Marian House
Name of provider:	Holy Faith Sisters
Address of centre:	Holy Faith Convent, Glasnevin, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	26 January 2026
Centre ID:	OSV-0000693
Fieldwork ID:	MON-0049440

About the designated centre

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

Marian House, Glasnevin, is a Nursing Home run by the Holy Faith Sisters. It is a Holy Faith congregational facility, which seeks to care for Sisters of the Holy Faith and female residents in a comfortable, homely environment supported by qualified nurses and carers. Marian House staff is guided by the current and future best practice guidelines for the care of its residents.
Marian House is purpose designed to provide care for residents with a variety of needs and can accommodate maximum of 26 female residents. There are 24 single rooms and 1 double room in the centre located on two floors. It is surrounded by landscaped gardens with country views. The secure outdoor enclosed courtyard has seating areas for the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24

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
Monday 26 January 2026	08:10hrs to 15:10hrs	Frank Barrett	Lead
Monday 26 January 2026	08:10hrs to 15:10hrs	Maureen Kennedy	Support

What residents told us and what inspectors observed

The purpose of this inspection was to review the providers' arrangements to protect residents from the risk of fire, their management of fire risk and to review the premises.

Overall, residents in Marian House told the inspectors they were very happy and content living in the centre. Inspectors spoke with nine residents throughout the day to gain an insight into the care provided. Residents reported that they 'couldn't have gotten a better place to live' and that the staff 'pull out all the stops for you'. Marian House is a congregational facilty run by the Holy Faith Sisters and is situated on the convent grounds. There were 24 residents living in the centre on the day of this unannounced inspection.

Throughout the day the inspectors observed a relaxed atmosphere within the centre. Some residents were observed mobilizing independently as they went about their daily routines while others required assistance to mobilize which they received in an unhurried and respectful manner. It was obvious that the staff knew the residents and were aware of their needs. Residents were seen relaxing in the communal areas watching television and chatting with each other and with staff. On the day of the inspection, there were adequate staffing resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities.

The centre was tastefully decorated and well-maintained with a homely feel throughout. The centre comprises of two floors, both of which contain residents' bedrooms and communal areas. The residents have access to an enclosed garden courtyard. The inspectors noted that there was good use of notice boards to update residents on information and the availability of activities and events which were occurring within the centre. The inspectors observed good practices in relation to standard precautions. For example, waste and laundry linen were managed in a way to prevent the spread of infection. Linen was appropriately segregated at point of care. Staff were observed to have good hand hygiene practices.

The dining room was bright and spacious. Residents enjoyed meal times as many were seen laughing and talking with staff. Residents told the inspectors that the food 'couldn't be better' and 'whatever you ask for, you get'. The inspectors observed that mealtime was a relaxed and social occasion for residents, who sat together in small groups at the dining tables. The inspectors observed staff offering encouragement and assistance to residents. A variety of drinks were offered to residents and condiments, butter and sauces were within easy reach enabling independence.

Inspectors viewed bedrooms with permission and found that they were warm, bright and homely spaces. They were personalised with ornaments, soft furnishing and photographs from home. Bedrooms were observed to have sufficient storage space for residents' clothing and personal possessions. There was a laundry on-site and clothes were laundered regularly and returned to the resident.

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

Capacity and capability

This unannounced inspection was carried out over one day by two inspectors to review changes which had been made at the centre following the completion of remedial works to improve fire safety in the building. This inspection also followed up on some issues raised in the previous inspection report from January 2025. Overall, the findings of this inspection were that the changes made at the centre promoted positive improvements in the fire safety and layout of the centre. While there were some issues which remained to be completed, it was clear from this inspection that the provider had taken on board advice and guidance from specialist consultants, and had completed works to rectify high level risks identified with fire safety at this centre. Some ongoing risks were noted on this inspection and are discussed in this report and in detail in the relevant regulations.

The Holy Faith Sisters, which is an unincorporated body consisting of members which form a management committee, are the registered provider of Marian House Nursing Home. There was a person in charge of the centre who was supported in their role, by a person participating in management along with a team of staff which included clinical nurse managers, care assistants, maintenance, catering and laundry staff. There were also administrative staff and activities coordinators who provided additional support to the running of the centre.

The inspectors spoke with staff and management throughout the day and found that staff were knowledgeable of the steps to take in the event of a fire. There had been changes made to the footprint of the centre on foot of advice from a fire safety specialist. Inspectors found that these changes resulted in additional compartmentation of the building, which would allow critical time to evacuate residents in the event of a fire. Progressive horizontal evacuation was documented as the evacuation strategy in the event of a fire. This strategy relies on compartmentation sufficient to prevent the spread of fire and allow residents, staff or visitors to move out of the area affected by a fire, to an adjoining area separated by fire rated construction before progressing to the outside air if that is required. Staff identified the compartment lines and were able to describe the benefit of having the additional compartmentation that is now in place particularly on the first

floor. However, on reviewing fire drill record on the day of inspection, the evacuation of areas of the first floor did not fully reflect the changed layout.

The provider had conducted a fire safety risk assessment of the centre in 2021. This document outlined fire safety concerns, however, most of these concerns were now remediated. The use of this document at the time of the inspection was not relevant to the layout as it was found on that day. A revision, as outlined in the FSRA itself, was required to update the document and to give an overall review of fire safety in the reconfigured building.

Inspectors noted that while reviewing the premises, there were some areas outside of the footprint of the main building that were used for storage for the centre itself. As these areas were critical to the running of the centre, the provider was requested and agreed to review these area, and identify them on the registration outline and statement of purpose for the centre.

Regular auditing was being carried out by maintenance staff and contractors. These audits were assessing the condition and status of fire safety systems, fire doors, environmental issues such as heating, lighting and finishes, and the regular maintenance of escape routes and corridors. These audits were found to be detailed, and thorough enough to raise concerns as they arose. However, fire doors required further review, which was outside of the scope of the audits being carried out. This is discussed further under regulation 28: Fire Precautions in the Quality and safety section of the report.

The management of fire safety and of the premises of the centre is discussed further under regulation 23: Governance and Management.

Regulation 23: Governance and management

While the registered provider had management systems in place to monitor the quality of the service provided, some actions were required to ensure that these systems and processes were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- The fire safety risk assessment for the centre needed to be reviewed. The one in place was completed in 2021 and the suggested date for a review was 2023. An up-to-date assessment would outline the current status of the fire safety risk, and ensure that any action items are being remedied.
- Fire safety training and fire drills were not reflective of changes made to the building which now incorporated additional compartmentation on the first floor.

Judgment: Substantially compliant

Quality and safety

During the course of this inspection, the works completed to improve fire safety were reviewed in detail. The reconfiguration of sections of the building was carried out to a high standard, with appropriate sign off from construction supervisors, and relevant authorities. The works improved the residents' space also, as there was an improvement to some en-suite facilities and the inclusion of additional hand wash sinks as required for effective infection prevention and control measures.

The centre was equipped with a serviced up-to-date fire detection and alarm system which would identify the location of a fire, raise the alarm, and provide precise location information for staff to assist them in the event of a fire. There were also fire extinguishers mounted at various points throughout and a serviced emergency lighting system which included evacuation signage. There were floor plans in place which identified the location of the reader and gave clear guidance on the next steps to take in the event of a fire, however, these floor plans did not clearly indicate all of the compartment lines within the centre and needed to be updated to align with recent changes.

There were cupboards fitted to corridor walls in a central location on the ground floor. These cupboards were home to numerous items of varying flammability, which were not separated to reduce the fire risk. The cupboards did not appear to be fire rated.
The compartmentation of the building was enhanced through the remedial works, however, some fire doors needed to be reviewed as inspectors could not be assured of the level of protection offered by some fire doors including bedroom doors. There was an electrical panel fitted behind doors in the staff canteen which did not appear to be fire rated. The provider outlined on the day of inspection that plans were in place to construct a fire rated surround at this panel, and confirmation of this was received following the inspection.

Evacuation procedures, escape routes and fire drills were also reviewed, and while the documentation of these items was extensive, there were some areas which required additional review. There was an exit on the ground floor which was accessed by going up three steps. The movement of persons with mobility equipment up these steps would prove difficult. While there were aids available including evacuation pads and mats, the use of these aids on the steps had not been adequately trialled in evacuation simulations. The provider committed to reviewing this following the inspection to ensure that all staff were aware of the procedure to assist all residents to navigate the steps in the event of a fire. Fire safety issues are discussed further under regulation 28: Fire Precautions.

On reviewing the premises, inspectors found that on the day, the centre was clean, bright and well maintained. There were extensive grounds surrounding the centre which residents could use with assistance from staff. There was a small enclosed outdoor space which was recently refurbished to ensure safe floor coverings and

new seating. Inspectors noted that the external storage areas were accommodated in older buildings which were not part of the registered footprint of the centre. Internally, there was a bath for residents use, however, this bath was out of order. On investigating the cause of this, it became clear that the bath had been out of order for a long period of time and this was due to a replacement part which had to be sourced outside the country. In the days following the inspection, confirmation was received that this part would be replaced quickly, and that a bath would be made available to residents as soon as possible. Premises issues are discussed further under Regulation 17: Premises.

Regulation 17: Premises

While overall, the premises at Marian House Nursing Home was kept in a good state of repair, a number of areas required review to conform to the matters set out in Schedule 6 of the regulations. For example:

- The bath was not working on the day of inspection. It had been out of use for some time prior to the inspection.
- Some ceiling tiles were damaged and required repair or replacement.
- Some flooring on the first floor needed to be reviewed and repairs or replacements carried out.
- Storage practice needed to be reviewed as the storage space was overfilled with broken materials, and disused equipment. This meant that usable items were difficult to locate within the store.
- There was a floor above the level of the designated centre which was not part of the centre, however, persons accessing this area were required to use the same central stairs. This required review to ensure that residents privacy and security were protected particularly on the first floor where large glazed doors within the stairs gave a direct line of sight into the resident bedroom corridor.

Improvements were required of the registered provider to ensure that the premises is in line with the Statement of Purpose and the floor plans for which it is registered. For example:

- External storage spaces in the older buildings was not on the registered floor plans. These areas were vital to the ongoing oiperation of the centre.
- The archive room required for the storage of files was not directly accessible from the registered footprint of the building. The provider had plans to relocate this, however, the relocation was to a space within an unregistered part of the building which required further review.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvement was required by the registered provider to take adequate precautions against the risk of fire. For example:

- Ground floor storage space was a mixture of flammable and combustible materials. This increased the risk of fire within a central bedroom location near the nurses station.
- There was a risk of fire within the staff canteen where an unprotected electrical distribution board was positioned behind cabinets. This area opened onto a direct escape route from the main circulation stairs..

Improvement was required from the registered provider to ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and, in so far as is reasonably practicable, residents are aware of the procedure to be followed in the case of a fire. For example:

- The floor plans displayed at the centre required further review. The plans did not display the compartment lines as they were. The plans had symbols to indicate various pieces of fire fighting equipment and fire alarm call points, but there was no legend to indicate what these symbols meant.
- Fire drills were being conducted regularly at the centre, however, the drills were not fully reflective of some site specific risks such as the procedure to evacuate upwards over three steps in one escape route, or the new compartmentation in place since the refurbishment works were completed.

Further review was required of the registered provider to make adequate arrangements for containing fires. For example:

- A number of issues were noted with fire doors around various areas of the centre. For example
    - Ironmongery including hinges and handles did not appear to be fire rated on some bedroom doors.
    - There were some gaps around the perimeter of some of the fire doors which would allow smoke and fumes to penetrate compartment lines in the event of a fire.
    - Compartment doors which crossed the corridor in some sections of the ground floor did not appear to have the characteristics of full compartment doors i.e 60 minute fire protection. While the inspectors were assured that these doors were fire doors, the level of protection offered by the doors would not align with the compartmentation requirements and could result in fire smoke and fumes penetrating compartment lines quicker than expected in the event of a fire and evacuation.

Judgment: Substantially 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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Marian House OSV-0000693

Inspection ID: MON-0049440

Date of inspection: 26/01/2026

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 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:

The fire safety risk assessment for the centre needed to be reviewed. The one in place was completed in 2021 and the suggested date for a review was 2023. An up-to-date assessment would outline the current status of the fire safety risk and ensure that any action items are being remedied.

Action taken/To Be Taken:
The Centre's Fire Consultant confirmed availability to carry out another Fire Safety Risk Assessment (FSRA) on Thursday 23rd April 2026
NOTE: The FSRA was not conducted in 2023 due to ongoing incomplete works. The Fire Consultant liaises directly with the Centre and attends scheduled team meetings held every 2–3 months. The most recent team meeting took place on 8 April 2026, at which the Fire Consultant was also in attendance.

TIMEFRAME: 23rd April 2026 Completed

Fire safety training and fire drills were not reflective of changes made to the building which now incorporated additional compartmentation on the first floor.

Action taken/To Be Taken:
A new fire drill procedure addressing the upward use of steps both Stairs 2 (S2) and Stairs 3 (S3) has been introduced

TIMEFRAME: Completed & ongoing

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

Action Required:
The bath was not working on the day of inspection. It had been out of use for some time prior to the inspection.

Action taken/To Be Taken:
The bath was fixed by the company on the 18thFebruary 2026 and has been in use since. No further concerns raised by either staff or residents.

NOTE: Due to a previous similar issue, the delay in repairing the bath was necessary to allow for full investigation of the root cause and to prevent recurrence. Engineers attended on multiple occasions, and the company liaised with the manufacturer to source and install the required parts. Copies of relevant email correspondence were provided on the day of the inspection.

TIMEFRAME: 18th February 2026 Completed

Action Required:
Some ceiling tiles were damaged and required repair or replacement.

Action taken/To Be Taken:
• Ceiling tile identified was replaced and a rolling plan commenced to repair or replace tiles

• Other ceiling tiles replaced recorded

TIMEFRAME: Completed & ongoing

Action Required:
Some flooring on the first floor needed to be reviewed and repairs or replacements carried out.

Action taken/To Be Taken:
A contractor has been assigned and work started April 2026. Room 12 flooring replacement completed on the 11th April 2026.

TIMEFRAME: 31st July 2026 (for 5 other rooms and middle corridor flooring)

Action Required:
Storage practice needed to be reviewed as the storage space was overfilled with broken materials, and disused equipment. This meant that usable items were difficult to locate

within the store.

Action taken/To Be Taken:
The storage space identified was utilised on a temporary basis during COVID-19. It has since been fully cleared, with the majority of items discarded, and its use for storage has now been permanently discontinued. All Marian House items are relocated to Store Room 2.

TIMEFRAME: 27th March 2026 Completed

Action Required:
There was a floor above the level of the designated centre, which was not part of the centre, however, persons accessing this area were required to use the same central stairs. This required review to ensure that resident's privacy and security were protected particularly on the first floor where large, glazed doors within the stairs gave a direct line of sight into the resident bedroom corridor.

Action taken/To Be Taken:
Access to the identified area is restricted to authorised persons via the Convent's reception, in line with its secure entry procedures. This was discussed at the most recent team meeting, and a safety and privacy review assessment has been agreed.

TIMEFRAME: 31.05.2026

Action Required:
Improvements were required of the registered provider to ensure that the premises is in line with the Statement of Purpose and the floor plans for which it is registered. For example:

External storage spaces in the older buildings was not on the registered floor plans. These areas were vital to the ongoing operation of the centre.

Action taken/To Be Taken:
The Convent Workshop Space was temporarily used during COVID-19; now discontinued. All Marian House items removed and permanently relocated to Store Room 2.
TIMEFRAME: 27th March 2026 Completed

Action taken/To Be Taken:
The External Shed was emptied and use discontinued. Shed to be either sold or turned over to the Convent.

TIMEFRAME: 31st May 2026

Action Required:
The archive room required for the storage of files was not directly accessible from the registered footprint of the building. The provider had plans to relocate this, however, the

relocation was to a space within an unregistered part of the building which required further review.

Action taken/To Be Taken:
• Shredding of all overdue & scanned records completed on the 26thMarch 2026; now Archive Room contains only very small records that need to be kept.

• A lockable, secure cupboard will be installed in Store Room 3 / Training Room for the remaining paper records.

TIMEFRAME: 26th May 2026

NOTE: The Archive Room, Convent Workshop Space are part of the Convent and will remain so. While the external shed will either be sold or turned over to the Convent.

Following careful consideration, review of the historical context, and thorough discussion with the team, it has been agreed that no changes will be made to the Statement of Purpose or the floor plans.

Regulation 28: Fire precautions	Substantially Compliant

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

Action Required:
Improvement was required by the registered provider to take adequate precautions against the risk of fire. For example:

Ground floor storage space was a mixture of flammable and combustible materials. This increased the risk of fire within a central bedroom location near the nurse's station.

Action taken/To Be Taken:
This was rectified on the day of the inspection.

TIMEFRAME: 26th January 2026 Completed

Action Required:
There was a risk of fire within the staff canteen where an unprotected electrical distribution board was positioned behind cabinets. This area opened onto a direct escape route from the main circulation stairs..

Action taken/To Be Taken:

• There was already a plan to work on this area before the inspection day and was just waiting for a contractor. The plan was submitted to the Inspector on the 28thJanuary 2026 via email.

• Contractor assigned, started preliminary work in February 2026. Fire compliant door ordered with waiting time of 6-8 weeks.

TIMEFRAME: 31st July 2026

Action Required:
The floor plans displayed at the centre required further review. The plans did not display the compartment lines as they were. The plans had symbols to indicate various pieces of firefighting equipment and fire alarm call points, but there was no legend to indicate what these symbols meant.
Action taken/To Be Taken:
This was discussed at the last team meeting and both the Fire Consultant and Architect will work together to revise the escape route floor plans. Two (2) Floor plan drafts initially completed on the 10th April 2026.

TIMEFRAME: 31st May 2026

Action Required:
Fire drills were being conducted regularly at the centre; however, the drills were not fully reflective of some site specific risks such as the procedure to evacuate upwards over three steps in one escape route, or the new compartmentation in place since the refurbishment works were completed.

Action taken/To Be Taken:
A new fire drill procedure addressing the upward use of steps both Stairs 2 (S2) and Stairs 3 (S3) has been introduced

TIMEFRAME: Completed & ongoing

Action Required:
Further review was required of the registered provider to make adequate arrangements for containing fires. For example:
A number of issues were noted with fire doors around various areas of the centre. For example:

Ironmongery including hinges and handles did not appear to be fire rated on some bedroom doors.
There were some gaps around the perimeter of some of the fire doors which would allow smoke and fumes to penetrate compartment lines in the event of a fire.
Action taken/To Be Taken:

• The fire doors as provided are subject to an audit and review of fixtures, fittings and gaps will be carried out

• Action will be implemented according to the audit/review results with a view to ensuring that the current fire resistance is present and fulfilling the need of the fire compartmentation.

TIMEFRAME: 31st July 2026

Action Required:
Compartment doors which crossed the corridor in some sections of the ground floor did not appear to have the characteristics of full compartment doors i.e. 60 minute fire protection. While the inspectors were assured that these doors were fire doors, the level of protection offered by the doors would not align with the compartmentation requirements and could result in fire smoke and fumes penetrating compartment lines quicker than expected in the event of a fire and evacuation.

Action taken/To Be Taken:
• This was discussed at the recent team meeting. The Fire Consultant and the Architect will review the compartmentation

• The corridor doors will be part of the audit to identify level of fire resistance.

TIMEFRAME: 31st July 2026

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/05/2026
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	31/07/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	23/04/2026

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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	31/05/2026
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable 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.	Substantially Compliant	Yellow	27/01/2026
Regulation 28(2)(i)	The registered provider shall make adequate	Substantially Compliant	Yellow	31/07/2026

	arrangements for detecting, containing and extinguishing fires.			