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:	Simpson's Hospital
Name of provider:	Trustees of Simpson's Hospital
Address of centre:	Ballinteer Road, Dundrum, Dublin 16
Type of inspection:	Unannounced
Date of inspection:	26 August 2026
Centre ID:	OSV-0000096
Fieldwork ID:	MON-0042484

About the designated centre

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

Simpson's hospital is a 48 bedded Nursing Home, located in Dundrum and provides long term residential care for men and women over 65 years of age. Since its foundation in 1779, Simpson’s Hospital has cared for older persons from all walks of life and religious denominations. Simpson’s Hospital is governed by a voluntary Board of Trustees. It has 30 single and nine double rooms located over two floors which are serviced by an assisted lift. The newer part of the building has a bright sunny seating area which links the original and new buildings. All bedrooms have under floor heating, full length windows and electric profiling beds. All en-suite bedrooms have assisted showers. The centres day space and dining room are located in main building, which has many original features. The ethos of Simpson’s Hospital is centred around the provision of person centred care within a culture of continuous quality improvement. Simpson's Hospital strives to create a homely, relaxed and friendly atmosphere in a modern state of the art facility.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46

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 26 August 2026	09:30hrs to 17:45hrs	Sinead Corbett	Lead
Wednesday 26 August 2026	09:30hrs to 17:45hrs	Mary Veale	Support

What residents told us and what inspectors observed

This inspection was a one day unannounced inspection conducted by two inspectors to monitor compliance with the regulations and to follow up on the compliance plan from a previous inspection on 23 January 2025. The registered provider had also applied to renew the centres' registration and this inspection followed up on the application. 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 inspectors and discussions with residents, the centre appeared to be a nice place to live. Inspectors spoke with many residents and ten residents in more depth. Residents were complimentary about the staff and the care in the centre, for example one resident told inspectors that they had 'settled well' and were happy in the centre. Inspectors were told that the staff were helpful and responded quickly to their needs. Residents gave positive feedback about the food and said that they had a choice of what to eat. Residents said that they spend their day in line with their own wishes and preferences and that this was respected by staff. Staff were observed to interact in a respectful manner with residents and there was a relaxed atmosphere in the centre.

Inspectors arrived to the centre in the morning and conducted a walk around of the premises followed by an introductory meeting with the person in charge. Simpson's Hospital is located in Dundrum, close to the village centre. The premises comprises of a Georgian building and a purpose built extension, both are linked by a link corridor, which provides seating for residents to look out over the garden. Bedrooms are a mix of single and twin rooms. Residents had a choice of communal spaces, for example a large activities room, a television room and a visitors' room. Bedrooms and communal spaces for residents were located on two floors and a passenger lift was available to support residents to move between the floors. Inspectors found that the centre was warm and bright and comfortable for the residents. Bedrooms were personalised with residents' own belongings and had ample storage to store residents' belongings.

Residents had access to a mature well maintained garden and inspectors were told that a door from the activity room to a secure garden was left open for residents when the weather was nice. Otherwise, staff could support residents to access the garden. The garden was attractive with flowers, shrubs and trees and seating was located throughout for residents to sit outdoors.

Meals were prepared in the centre and residents were complimentary about the food in the centre. Staff were knowledgeable about residents' preferences and requirements for modified or prescribed diets. Inspectors observed the main meal at lunch time and saw that most residents were served their lunch in the dining rooms on the upper ground floor. The menu was on display for residents. There was a

relaxed atmosphere during the main meal. Residents sat together at tables and chatted while they ate their meal. Meals were served from a bain marie unit in the dining room and where residents required assistance they were supported by staff in a respectful manner.

The social activities timetable was displayed on a board and included Sonas, word games, exercise group, music and bingo. The centre employed staff specifically to facilitate a programme of activities from Monday to Friday and inspectors were told that activities were facilitated by volunteers on the weekends. Inspectors were told that Roman Catholic Mass and Church of Ireland Mass took place in the centre once weekly. Residents were observed watching television and reading newspapers. Information on independent advocacy services was displayed in the centre.

The centre outsourced laundry services to an external provider. All residents with whom the inspectors spoke with on the day of inspection did not raise any issues with the laundry service and there were no reports of missing clothing.

Friends and families were facilitated to visit residents, and the inspectors observed many visitors in the centre throughout the day. Visitors who spoke with inspectors were complimentary about the care in the centre.

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, this inspection found that there were effective governance and management systems to oversee the delivery of care to the residents. However, the oversight systems to manage the risk of Legionella were not sufficiently robust, this is detailed further in the report under Regulation 23: Governance and management, and Regulation 27: Infection Control. In addition, there were deficits in the oversight fire safety and of the training of external staff working in the centre, these are detailed further under the relevant regulations.

The registered provider of Simpson's Hospital is a voluntary board of trustees, which oversee the operational management of the centre. The person in charge works full-time in the centre, supported by a clinical nurse manager and nursing staff. Further care and support of residents was provided by healthcare assistants, catering, domestic, activities, administrative and maintenance staff.

The staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support.There was an ongoing schedule of training in the centre across

a broad range of topics, for example safeguarding, managing responsive behaviours, fire safety, manual handling and infection control. Training in safeguarding and infection control was scheduled to be completed within a fortnight following the inspection. A review of documents provided to inspectors identified gaps in training compliance, this is discussed further under Regulation 16: Training and staff development.

This inspection found that there were systems in place to monitor the quality of care delivered directly to residents and the registered provider had progressed the compliance plan following the inspection in January 2025, resulting in improvements in fire safety and premises, these are detailed further in the report. Management meetings and staff meetings took place regularly in the centre and minutes of these meetings since the previous inspection were provided to the inspectors. Agenda items included key performance indicators (KPI's), fire safety, training, resident feedback, activities, and staffing. The person in charge submitted and discussed a report to the board which included items such as staffing, training, safeguarding, audits and resident feedback. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control, falls, care planning and medication management audits. Audits were objective and identified improvements. There was an annual review of the centre and a quality improvement plan in place for 2025. The residents' opinions and their views were taken into account when developing this annual review.

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for the renewal of registration were submitted in a timely manner. These were under review at the time of inspection.

Judgment: Compliant

Regulation 15: Staffing

Based on the inspectors' observations of staffing levels, a review of the 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

While there was an ongoing schedule of training in place to ensure all staff had relevant and up to date training, a review of records identified that some staff were not up to date with refresher training across some training courses, this was evidenced on training records reviewed by inspectors, for example:

- 16 out of 50 staff had not completed refresher training on restrictive practices.
- While inspectors were told that fire training was scheduled for late October 2025, 5 out of 50 staff had not completed refresher training on fire safety.

Judgment: Substantially compliant

Regulation 22: Insurance

A valid contract of insurance against injury to residents was in place in the centre.

Judgment: Compliant

Regulation 23: Governance and management

- Governance and management systems did not provide sufficient oversight to ensure that infection risks were adequately mitigated. For example:
    - There was no written procedure, aligned with national guidance, to direct the prevention and control of the risk of Legionella in the centre.
    - An elevated Legionella result in one area of the centre required an immediate review of the risk assessment to identify remedial actions, however, this had not been undertaken in a timely manner.
- Oversight of fire safety precautions was not fully effective in ensuring that necessary maintenance of fire equipment was completed in a timely manner and that fire precautions in place were effective, this is detailed further under Regulation 28: Fire precautions.
- There was insufficient oversight of the training completed by externally employed staff working in the centre. This was evidenced by a review of records provided to inspectors which did not clearly identify what mandatory training each staff member had completed and when refresher training was due.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of a sample of residents' contracts for the provision of service confirmed that residents had in place a signed contract of care which outlined the services to be provided and the fees which were to be charged, including fees for additional services.

Judgment: 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 4: Written policies and procedures

The policies and procedures specified under Schedule 5 of the regulations were prepared, adopted and implemented in the centre, and inspectors were told that there was a system in place to update policies at the required minimum three year intervals. However, four policies had not been updated as required, for example:

- the review of the policy on medication management was overdue since January 2026.
- the review of the policy for the management of end-of-life care was overdue since April 2026.
- the review of the policy for the management of the monitoring and documentation of nutritional intake was overdue since July 2026.
- the review of the policy for the management of complaints was overdue since January 2026.

Judgment: Substantially compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

Prior to the inspection, the registered provider gave notice of the absence of the person in charge and provided details of the deputising arrangements that will be in place for the management of the designated centre during the absence of 6 months.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents were supported to have a good quality of life in the centre. Since the previous inspection, actions had been taken to address issues regarding premises and fire precautions noted on the previous inspection in January 2025. Staff and resident interactions were respectful and important events for residents were celebrated in the centre. However, inspectors identified deficits in the areas of infection control and fire precautions, these are discussed further in the report and under the relevant regulations.

Inspectors reviewed a sample of residents' care plans. A wide range of validated assessment tools were utilised to identify risks, such as falls, pressure ulceration, and malnutrition. Care plans were personalised and included residents' likes and preferences. Careplans were sufficiently detailed to direct the care of the resident. Daily progress notes were recorded to facilitate continuity of care.

Residents' medical and health needs were met through a broad range of community-based health and social care services, for example, General Practitioner (GP), speech and language therapy, dietican and occupational therapy. A physiotherapist facilitated a weekly exercise group for residents.

On the day of inspection, the centre was warm and comfortable. Residents had a choice of communal spaces in the centre and there was adequate space for activities to take place. Residents had access to call bells in their bedrooms and in bathrooms and they had adequate space for personal items and lockable storage in their bedrooms. The internal and external areas of the premises appeared well maintained.

Many staff had completed training in the area of restrictive practices and managing responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). 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 detailed the benefit, risks and alternatives regarding the restrictive practice. Restrictive practices were reviewed regularly with the input of the multi-disciplinary team.

Residents were provided with wholesome food choices for their meals and snacks and inspectors were told that refreshments were made available at the residents' request. Some residents required special diets or modified consistency diets and these needs were provided as recommended. The daily menu was displayed and inspectors were told that residents were asked each day what they wished to eat for

their main meals the day beforehand but residents could request a different choice on the day.

Household staff were observed cleaning the centre and inspectors were told that rooms were cleaned daily. Handwash sinks were located along bedroom corridors and personal protective equipment and hand sanitisers facilitated hand hygiene close to the point of care, this reduced the risk of cross contamination. On the day of the inspection, an outbreak of a respiratory illness had been declared. The person in charge consulted with the public health department and precautions were in place, such as mask wearing and isolation of symptomatic residents. The centre had appointed a link practitioner in infection control. However, some practices did not align with the national standards and recent water sampling identified a high level of Legionella in one area of the centre. While this area was not used by residents, actions had not been taken in a timely manner to respond to the risk, these findings are outlined further under Regulation 27: Infection Control.

A fire safety risk assessment was completed by a competent person in January 2026 and necessary actions arising from this were addressed, Fire equipment such as fire doors, emergency lighting, fire extinguishers and blankets were in place. The assessed needs of residents were documented as personal emergency evacuation plans (PEEP). Two fire alarm panels showed no fault when checked on the day of the inspection. Many staff received training on fire safety and fire drills were completed weekly with evacuation drills completed on alternate months. A system was in place for servicing the fire equipment and a review of annual servicing certificates identified that fire extinguishers, the fire detection and alarm system and emergency lighting were serviced within the last twelve months. Some findings were not fully compliant with the regulations, these are outlined under Regulation 28: Fire precautions.

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 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. Meals were well presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

Regulation 27: Infection control

- The management of the risk of Legionella in the centre did not align with national guidelines, this was evidenced as follows:
    - A recent water sampling result identified a high level of Legionella at one site in the centre and recommendations were made to address the finding. However, the recommendations were not fully completed at the time of the inspection.
    - While there was a risk assessment for the risk of Legionella, it did not include controls required to address recent water sampling results, which identified raised Legionella levels.
    - The flushing regime in the centre was not carried out in accordance with the duration outlined in national guidelines. There was no record maintained of the flushing regime, therefore, the location and frequency of flushing could not be established.
- Some practices noted did not fully align with the National Standards for infection prevention and control in community services (2018), this was evidenced as follows:
    - Wear and tear to some areas in the centre may not allow for adequate cleaning, for example some lockers surfaces and shower seats were worn.
    - Some areas did not appear sufficiently clean, for example debris was noted in the drain outlet of the stainless steel sink in the sluice room and urinal bottles appeared visibly unclean.
    - Some staff told the inspectors that they were decanting contents of urinals and commodes into toilets before placing them in the bed pan washer, this practice increases the risk of cross-contamination.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider was not taking adequate precautions against the risk of fire or arrangements for reviewing fire precautions, for example:

- There were gaps in the in-house fire safety checks for the weekly inspection of doors and the weekly in-house fire alarm system.
- Four compartment fire doors were observed not to close fully to form a seal.
- Some PEEPs had not been reviewed on the specified date outlined in the PEEP.

- A small number of staff were not clear on how to use the evacuation mats, which formed part of the evacuation plan for some residents.
- A service record for the servicing of the fire alarm and emergency lighting system completed at the end of June 2026 identified that testing of emergency lighting could not be completed in some areas due to a fault. While inspectors were told that arrangements were in place to repair the fault in the coming days, this was not done in a timely manner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents' care plans. Good practice was observed in the area of care planning for residents. Care plans were developed following an assessment of the residents' needs and were personalised and detailed sufficiently to direct care. Care plans were updated at a minimum of four monthly intervals to ensure they were reflected the residents' current needs

Judgment: Compliant

Regulation 6: Health care

Residents had access to general practitioners (GPs), allied health professionals, and 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. There was evidence of ongoing referral and review by allied health professional as appropriate. Residents had access to national vaccination programmes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff had access to policies relating to both restrictive practice and care for residents with responsive behaviours. Inspectors reviewed a sample of care plans and saw that person-centred care plans outlined, where evident, triggers and appropriate interventions to support residents with responsive behaviour. The use of bed rails was monitored by the management team and alternatives to bed rails such as low low beds and sensor mats were in use where appropriate. There was evidence of risk assessments when bed rails were in use.

Judgment: Compliant

Regulation 9: Residents' rights

Residents could chose to participate in activities that were scheduled each day in the centre. Residents had access to television, newspapers, radio and WiFi. Residents' meetings provided residents with the opportunity to be consulted about, and participate in, the organisation of the designated centre.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Simpson's Hospital OSV-0000096

Inspection ID: MON-0042484

Date of inspection: 26/08/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Fire training is scheduled in October 2026 for staff who are overdue refresher training. The training matrix had not been updated to reflect restrictive practice training completed by nurses and healthcare assistants in August 2026. Same has now been updated. All nurses and healthcare assistants will have completed training in restrictive practices by Oct 31st 2026.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Measures to address Infection Prevention and Control concerns raised by the inspection are outlined under regulation 27; Infection Prevention and Control. Measures to address Fire safety concerns raised by the inspection are outlined under regulation 28 Fire Precautions. The acting person in charge has obtained written confirmation of the completion of mandatory training for staff employed by external service providers.	

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

Going forward, all incidents will be notified to the inspectorate as required by regulations.

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
• The centre's policy for nutrition and hydration including monitoring for nutritional intake has been updated.
• The inspectors were provided with a previous version of the centre's complaints policy in error. The centre's current Complaints policy was reviewed and updated in March 2024 and is not due for review until 2027.
• The end of life and medication management policies are currently under review and will be updated by October 7th 2026.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Procedures and measures to prevent legionella in the centre are outlined in the centre's current infection prevention and control policy.

Following advice from a Legionella consultant we increased flushing of taps/showers to three times per week and this is now recorded on a designated form for this purpose.
The Legionella consultant will be on site to conduct a Legionella risk assessment on the 20th and 21st October 2026. Any recommendations and/or actions identified in the risk assessment be fully implemented.
The staff shower has been temporarily taken out of service until after the Legionella risk assessment has been completed and all required actions have been implemented.

All urinals in the centre have been replaced.
Locker surfaces and shower chairs needing replacement will be replaced by the end of November 2026.

Staff have been reminded to empty contents of urinals and commodes directly into the bedpan washer.

Shower chairs are checked formally through monthly audits by the IPC lead and informally by nurse managers during walkabouts.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The provider representative will carry out daily fire safety checks from Monday to Friday and keep a record of same.

The nurse in charge at weekends has been assigned responsibility for completing and recording fire safety checks.
The provider representative will review records of fire safety checks on a weekly basis to ensure records of daily and weekly checks are maintained.
Visual reminders of the need to complete and record fire safety checks have been erected at the nurses' station.

The repair of the fire alarm fault was completed on the 31st August.

The provider representative has arranged for an external company to review and address the gaps in the fire doors that were identified during the inspection. This has been scheduled for the 31st October 2026.

Personal emergency evacuation plans for residents are developed by nursing staff as part of the care plan development. These are reviewed in accordance with changing needs and no less frequently than every four months. These are printed off and put into a folder. On the day of the inspection, some of the PEEPs in the folder had not been replaced with those that had been reviewed.
In the future,
1. Nursing staff will be responsible for printing off any PEEP for residents that has been reviewed / updated, place it in the folder and remove the previous one.
2. The CNM will, on a weekly basis carry out a check of PEEPs in the folder to ensure that they are correct.
Fire safety training now includes the use of all evacuation aids available in the centre.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/10/2026
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	30/11/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the	Not Compliant	Orange	31/10/2026

	Authority are in place and are implemented by staff.			
Regulation 27(b)	The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.	Not Compliant	Orange	31/10/2026
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	30/11/2026
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/10/2026
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	Substantially Compliant	Yellow	02/10/2026

	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	31/10/2026
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	02/10/2026
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	07/10/2026