



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

Issued by the Chief Inspector

Name of designated centre:	Marymount University Hospital & Hospice
Name of provider:	Marymount University Hospital & Hospice
Address of centre:	Curraheen Road, Curraheen, Cork
Type of inspection:	Unannounced
Date of inspection:	12 March 2026
Centre ID:	OSV-0000582
Fieldwork ID:	MON-0049618

About the designated centre

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

Marymount University Hospital and Hospice is a purpose-built facility, on the current site in Curraheen, since 2011. The specialist palliative care service and the designated centre for older adults operate from the same premises. Management and governance arrangements cover both services. There is an educational resource centre on site. The designated centre section provides accommodation for up to 63 older adults. There are beds available for respite residents and also intermediate palliative care beds. Admissions are arranged following a pre-admission assessment. There is 24-hour nursing care provided as well as medical, allied health and pharmacy provision. The building is set in extensive grounds and provides secure parking facilities. The designated centre is laid out over three floors. Resident accommodation is located on all three floors, comprising 51 single bedrooms with en-suite shower rooms and three four-bedded rooms. Residents on the lower ground floor have access to enclosed garden areas and outdoor smoking areas, with plentiful seating. The sitting rooms on the upper floors open out to a communal balcony that affords views of the local countryside.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and 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
Thursday 12 March 2026	09:00hrs to 17:30hrs	Erica Mulvihill	Lead
Friday 13 March 2026	09:00hrs to 14:10hrs	Erica Mulvihill	Lead

What residents told us and what inspectors observed

This was an unannounced inspection by an Inspector of social services carried out over two days. During the first day of the inspection, the inspector met with many of the 55 residents to gain an insight into what it was like to live in Marymount University Hospital. The inspector also spoke with staff and visitors over the course of the inspection.

Overall, the inspector observed a high standard of care delivered to residents which was holistic; looking after the medical, social and psychological needs of residents in the centre. The inspector spoke in detail to 20 residents and eight visitors over the course of the two days. Residents praised the staff and management team and complimented the kindness of all staff in the centre. One resident who spoke with the inspector stated that their experience of living in the centre was that they felt it was hard to improve on perfection. Another resident stated that they did not feel this was a nursing home, "its like active retirement at its best" with another stating " we are all so well because the staff afford us such a range of outlets, we are always on the go".

Visitors spoken with commented on the trust they have in staff, and how safe they feel their relatives were living in the centre. One visitor commented on "how home is where their relative is", and that the centre allowed family feel connected to their relatives through the kindness and hospitality of staff who knew the residents well. They also stated the importance of a stable staffing team in the centre who knew the residents care requirements well and they were very lucky to have such staff caring for their relative.

On arrival to the centre, the inspector was greeted by the person in charge. Following an initial introductory meeting, the inspector accompanied the person in charge for a walk through the centre where kind interactions were observed between staff and residents.

Marymount University Hospital and Hospice is registered as a designated centre for older persons and can accommodate 63 residents. Hospice services are provided on the same site, but are not part of the designated centre. The centre is arranged over three floors, namely St. Anne's, St. Camillus and St. John's ward. Each floor has 17 single bedrooms and one four bedded room, all with en suite shower, hand wash sinks and toilet facilities. The centre was very clean, and well maintained throughout.

The inspector saw that residents' bedrooms were spacious, with plenty storage for residents' belongings. Many residents' bedrooms were personalised with displays of photographs and items of importance to residents. Televisions in many of the residents' rooms had been upgraded and the inspector saw that there were clear instructions, regarding their use, available for residents. The inspectors saw that the

four-bedded rooms had secure privacy screens, adequate storage space and separate televisions with headsets for each resident.

Residents had a choice of communal spaces on each floor and also had access to other communal spaces on the ground floor of the centre such as the oratory and reception area. Each unit had a large day room and spacious dining/sitting room as well as comfortable seating area with access to TV in each of the reception areas. The dining/sitting room in each unit were beautifully decorated and were warm and bright rooms. There was a section of these rooms with sofas and armchairs, fire place and large screen televisions. The rooms also each had a number of small round tables for residents' mealtimes. The inspector saw that one unit in the centre was decorated and ready for the upcoming St. Patrick's day celebrations with flags, bunting and other decorations. The inspector also observed that all three units had a hairdressing sink and on the first day of the inspection, the hairdresser was in the centre to attend to the residents hairdressing requirements.

Residents had access to well maintained outdoor spaces on each unit. Residents on the lower ground floor had access to a garden and walkway area with a heated seating area, while residents on the other floors also had an outdoor balcony area with seating. Residents from each unit could access all levels of the centre via a passenger lift. The centre also had a gymnasium and activities rooms and a shop for residents' use.

During the two day inspection, the inspector observed the lunch time meal in the centre. The inspector saw that residents were offered choices for mealtimes and residents confirmed that if they wished to receive something different, the kitchen would accommodate them with another choice without delay. Overall, the residents that spoke with the inspector were complimentary of the food available to them in the centre and a number of residents referred to it as "top class". There was sufficient staff observed to provide assistance to residents at mealtimes. Some residents chose to remain in their rooms for mealtimes as per their preferences.

There was a robust schedule of activities available to residents living in the centre. On the first day of the inspection, three enthusiastic activities staff were assisting a large group of residents in the activities room for the scheduled "knit and natter" session. Six residents were knitting and some other residents chose to sketch and draw. The activities team were supported by an activities manager who had good insight into the individual care requirements of residents and ensured that residents who could not attend the activities programme were provided with one to one sessions to ensure those residents had access to adequate social engagement also.

In summary, residents in the centre were seen to be enabled and encouraged to live life to the full, in their older years. Those spoken with said they were facilitated to stay connected with their families, encouraged and enabled to forge new friendships and exploring new activities and experiences.

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 the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection carried out over two days, to monitor the providers compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector found that the governance and management arrangements, required by regulation to ensure that the service provided was resourced, consistent, effectively monitored and safe for residents, were clearly set out.

Marymount University Hospital and Hospice is the registered provider for the centre and is registered to accommodate 63 residents. The provider ensured that there was a clearly defined management structure in place, whereby the centre was governed by a board of directors, with the Chief Executive Officer for the centre, accountable to the Chairperson of the Board. The Director of nursing was the designated person in charge of the centre and they reported to the Chief Executive Officer. The centre had an Interim Director of Nursing as the substantive post holder was on planned leave and was due to return to the centre within a short time frame. The provider had applied to renew the registration of the centre and this inspection along with previous inspections of the centre would inform the decision making process.

The person in charge was supported in their role by a team of night and day time assistant directors of nursing, and a team of clinical nurse managers, staff nurses, care staff, activity staff, housekeeping, laundry, maintenance and administrative staff. The management team for the designated centre also included a head of human resources, a quality and risk manager, general services manager, facilities manager and support from specialist nursing. The chief executive officer who was the person participating in management of the centre was available daily to the person in charge to discuss any daily management and oversight concerns in the centre.

On the two days of the inspection, there was sufficient numbers of suitably qualified nursing, healthcare and household staff available to support residents' assessed needs. The provider, had committed to an increase in the night time staffing level to provide one extra health care assistant to cross cover the three floors by night to ensure adequate fire safety management in the centre. The centre had also increased their security to a 24 hour period to support the staffing resources in case of an emergency.

Records reviewed by the inspector confirmed that staff training was provided through a combination of in-person and online formats. All staff had completed role specific training in safeguarding residents from abuse, manual handling, infection prevention and control, the management of responsive behaviours(how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), and fire safety. Staff spoken with demonstrated excellent knowledge of the training received. For example, staff

responses in relation to what action should be taken in the event of a safeguarding concern were clear and consistent.

There was evidence of regular management meetings to provide governance and oversight of the service. The centre also had regular staff meetings and daily staff updates which allowed staff to raise concern about the quality and safety of the care and support provided to residents. Staff who spoke with the inspector, commented that there was clear communication between management and staff and that they felt very supported in their role.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider has applied for the renewal of registration of the designated centre. All documents requested were submitted in a timely manner and were under review at the time of the inspection.

Judgment: Compliant

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that there was adequate numbers and skill mix of staff which was appropriate to meet the assessed needs of residents. The provider had appropriately responded to risk mitigation in relation to fire safety and made a planned increase to staffing resources at night to ensure that adequate arrangements were in place to ensure safe evacuation of residents where necessary in the event of fire.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff were provided with training such as manual handling, fire safety, safeguarding vulnerable adults and managing responsive behaviours appropriate to their roles and responsibilities. The provider had arranged staff who were manual handling trainers, to hold sessions frequently in the centre to facilitate staff to attend and this was working well.

An external fire safety training company was contracted to the centre to ensure up to date fire training was held and also this company performed day time and night

time fire drills to ensure staff were familiar with evacuation procedures and fire safety practices in the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider had insurance documentation which detailed an up to date policy was in place which covered residents' belongings and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure that identified the lines of accountability and authority. There was evidence of good management systems and oversight in place to ensure that the service was safe, consistent and appropriately monitored. A recent incident investigation report showed good management systems were in place when a significant incident occurred in the centre. This report was made available to the inspector for review and provided assurances in relation to the management systems in place relating to fire precautions to ensure the safety of all residents and staff in the centre.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed by the inspector. The person in charge had the centres contract of care template in review at the time of the inspection and they were observed to detail the necessary information as per regulatory requirements.

Judgment: Compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available for review to staff, residents and relatives.

This contained a statement of the designated centres vision, mission and values. It accurately described the facilities, and services, available to residents, the complaints process, and detailed sufficiently the required information as set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Incident management and incident records were maintained in the centre by the quality and risk manager for the centre who consistently recorded any incident occurring in the centre to the National incident management system (NIMS). All the specified incidents, set out in regulation as requiring notification to the Chief Inspector had been submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints process was clearly set out, in accordance with the regulations:

- Residents spoken with were aware of how to raise a complaint and who to talk with.
- Complaints received were seen to be appropriately recorded, investigated and the outcome was discussed with the complainant. An appeals and review procedure was in place.
- Information on the complaints procedure was on display at reception areas throughout the centre.
- Methods of accessing advocacy support, and names of external support groups were evident, with external advocacy meetings held regularly with residents.

Judgment: Compliant

Quality and safety

Overall, residents in Marymount University Hospital were found to be supported to have a good quality of life, which was respectful of their wishes and choices. There was timely access to health care services and appropriate levels of social engagement available to residents in group and one to one sessions held daily. A human rights based approach to care was seen to be promoted, and the person in charge confirmed that all staff undertook training, relative to their roles and responsibilities to enable a human rights based approach to care. In general, findings on this inspection demonstrated a high level of compliance with the regulations inspected. Nevertheless, aspects of fire safety required some action.

The inspector was assured that residents' health care needs were met to a high standard. There was daily access to the general practitioner (GP) on weekdays and an on call system during the weekend periods. The GP was described by both residents and families as attentive to residents medical and psychological needs. Access to allied health professionals was available and there was evidence of ongoing referral and review for residents who required these services.

The registered provider was invested in providing an ongoing maintenance schedule and upgrading of the premises to ensure the centre was maintained to a high standard, which had a positive impact on residents' quality of life. There was a team of maintenance personnel, working full time in the centre to maintain all aspects of the centre, internally and externally.

Laundry was well managed in the centre. Residents had the choice to have their clothes washed and laundered in the centre, some residents preferred to have their laundry taken care of by family members. Each resident in the centre had access to a large wardrobe which had lockable storage for valuables. Within each wardrobe in the centre, residents had an individual mini fridge so they could store refreshments of their choice.

The inspector found that residents were free to exercise choice, on how they spent their day. It was evident that residents were consulted about the running of the centre, through evidence found in resident surveys, minutes of residents' meetings and comments by residents on the days of inspection. This meant that residents felt "safe" and "included", in decisions on their wishes and choices.

Resident's risk of malnutrition was monitored, and those who required input were referred to dietitian or speech and language therapy as appropriate. Residents' care plans seen incorporated their recommendations. The inspector observed the dining experience and saw that meals appeared wholesome and nutritious. The inspector was told, and then observed, a refreshments trolley was brought around the centre to offer drinks and snacks to residents three or four times a day. Most residents who spoke to the inspector were very positive about the food in the centre. The Inspector saw that there had been a small number of complaints via resident meetings regarding food and action plans assured the inspector these had been acted upon. This is detailed under Regulation 18: Food and Nutrition.

The Inspector observed fire precaution records and were assured by the detailed fire drills that were occurring in the centre. Twelve drills had taken place in the

centre since January and staff spoken with were clear and consistent in their knowledge of fire evacuation. Post review of a significant incident, the provider was undergoing an enhanced programme of fire containment works to enhance fire safety in the centre with good management oversight of these works. This is further discussed under Regulation 28: Fire precautions.

Residents had end of life care plans in place which were very detailed and had been developed with consultation from the resident or their family if appropriate. If needed, residents could be referred to community palliative care within the palliative care part of the centre to ensure appropriate care and comfort when approaching end of life care.

Regulation 12: Personal possessions

Residents had good access to storage facilities to ensure they retained control over their personal belongings. Residents laundry was provided by the centre seven days a week for residents who wished to avail of the service.

Judgment: Compliant

Regulation 13: End of life

Residents had detailed care plans relating to end of life care, which respected their dignity and autonomy, and accounted for their physical, emotional, social and spiritual needs. The person in charge had ensured that the residents' preferred arrangements were also documented.

Judgment: Compliant

Regulation 18: Food and nutrition

Systems were in place to ensure residents received a varied and nutritious menu, and dietary requirements including modified diets were accommodated. However, feedback from previous resident surveys reviewed by the inspector indicated that a small number of residents felt that improvements were required to the presentation of meals. Resident meeting minutes from January displayed that residents stated that some meals are not delivered at optimum temperatures and the texture of some proteins can be tough and difficult to eat.

The centre had remediation measures in place to ensure the residents voice was used to improve mealtimes and as a quality improvement initiative the chef now

attends resident meetings in order to ensure residents are happy with the service provided. The quality manager in the centre was consistently reviewing resident reviews to ensure all aspects of the dining experience were on a pathway of quality improvement.

Judgment: Compliant

Regulation 28: Fire precautions

Notwithstanding the good management practice demonstrated following a recent serious incident, the review identified deficits in fire containment within the centre. In response, the centre commenced an enhanced fire safety management plan to ensure a comprehensive review of all fire containment measures was undertaken to mitigate fire risk. This included compartmentation, fire stopping, and cavity barrier works throughout the centre.

- Compartment door lines were placed under review, which required additional fire stopping works to the internal wall sections surrounding the door frames, including the junctions between the frames and wall construction, to ensure they operated as effective barriers to fire and smoke containment.
- Internal cavity issues were identified and under review to ensure there was adequate protection and to identify any further deficits against fire spreading between floors in the centre.

A completion date of these works was not available at the time of the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of eight care plans and found that they were very comprehensive, person centred and sufficiently directed care. Residents health, personal and social care needs were assessed using a range of validated assessment tools. Care plans were recorded on an electronic record system within 48 hours of admission and reviewed regularly as required by legislation or when a change occurred in a residents condition.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and health care including a high standard of evidenced based nursing care. Residents were reviewed by a general practitioner who attended the centre daily and in their absence, another general practitioner was rostered to oversee the residents medical requirements. The residents had access to physiotherapy, dietetics, tissue viability, community palliative care and speech and language if required. A sample of care plans reviewed indicated a robust referral process with ongoing interaction with allied health professionals as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector observed that staff were very familiar with residents care requirements in the centre and had the appropriate skills and knowledge to manage behaviour that is challenging. The provider had good oversight of restrictive practice usage in the centre and these were appropriately monitored. Residents care plans displayed evidence of multidisciplinary discussions and reviews having regard for the residents preferences in the usage of restrictive practice measures. Staff were up to date with training to support residents with behaviours that may challenge.

Judgment: Compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to safeguard residents from abuse. Training in the safeguarding of vulnerable adults was provided for staff and staff who spoke with the inspector displayed a good knowledge and awareness of the need to report, anything that may affect the safety or protection of a resident living in the centre. Any allegations or incidents regarding safeguarding of vulnerable adults, were investigated and reported to the appropriate organisations as required.

The provider had a robust system of safeguarding resident finances through appropriate pension agent arrangements and strong systems supported by a robust policy in relation to the handing of resident finances within the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to a large activities programme in the centre that was available seven days a week. The inspector spoke to residents who told them that they had choice in how they spent their day with lots on offer to keep them active and that they were afforded ample opportunity for social engagement. Some residents went to the cafe on the ground floor during the day with their peers for a cup of tea and a chat. An independent advocacy volunteer visited the centre and held meetings with residents frequently. Evidence of residents views being sought on the running of the centre was seen by the inspector with robust action plans from management to ensure residents views were upheld.

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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Marymount University Hospital & Hospice OSV-0000582

Inspection ID: MON-0049618

Date of inspection: 13/03/2026

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Marymount demonstrated effective fire safety management in response to a recent serious incident. However, the report identified specific deficits in fire containment measures, particularly relating to previously unknown gaps in relation the fire compartments. This means that there is the need to review all horizontal and vertical compartment lines within walls to ensure that preventions of fire/ smoke is enhanced to avoid spread between areas and floors.</p> <p>Marymount has engaged with a building contractor, fire sealing specialist, and fire consultant in relation to the remedial works.</p> <p>At the time of inspection, an enhanced fire safety management plan had been initiated. This includes comprehensive assessments and surveys, which have now been completed. Required remedial works commenced at the earliest opportunity and continue to be underway across the Marymount site (which includes a large Specialist palliative care service also) to address all identified risks.</p> <p>It is not possible at this stage to confirm an exact completion date for all works within the Services for Older People. However, substantial completion is currently estimated to be within approximately seven months. This timeline is subject to the complexity of the issues identified as the project proceeds. At present, contractors (Fire Seal) are experiencing high demand, as similar issues are being identified more widely.</p> <p>Marymount will continue to provide regular updates to the HIQA inspector regarding the progress of these works.</p> <p>In addition, there are plans to increase staffing levels on night duty. Recruitment is currently underway, with the additional role expected to be operational by 31st July 2026.</p> <p>Marymount is hugely committed to safety, and we are confident that substantial progress can be achieved and that the service will be advancing toward full compliance in the coming months.</p>	

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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 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