



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

## Issued by the Chief Inspector

Name of designated centre:	St Columban's Retirement Home
Name of provider:	Maynooth Mission to China (Incorporated)
Address of centre:	Dalgan Park, Navan, Meath
Type of inspection:	Unannounced
Date of inspection:	08 August 2024
Centre ID:	OSV-0000166
Fieldwork ID:	MON-0043015

## About the designated centre

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

St. Columban's Retirement Home is a ground floor building situated within Dalgan Park and located between Navan and Dunshaughlin. Dalgan Park also includes St Columban's College, home of the Columban Missionaries, which adjoins the centre enabling residents to continue to engage and interact with the Columban Community on-site, as desired. St Columban's Retirement Home provides care for Columban Priests for convalescence and long term care. Residents with a disability, cognitive impairment, dementia, chronic and life limiting illnesses can be provided for an individual and clinical assessment. The overarching aim is to provide the highest standard of care to promote the health and wellbeing of residents while striving to provide a home with a happy and homely atmosphere in which each resident feels at home, cared for, content, listened to, valued and at ease. The centre comprises of 32 single bedrooms with accessible en-suite facilities that are suitable for low, medium and high dependency residents. A variety of communal rooms, an external courtyard and surrounding gardens are available for residents use.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	22
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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 8 August 2024	10:00hrs to 17:15hrs	Gordon Ellis	Lead

## What residents told us and what inspectors observed

This was an unannounced one day inspection to monitor compliance with the regulations and to follow up on the previous inspection findings and subsequent restrictive condition put on the centres registration following the inspection findings on September 2022. St Columban's College is within the Columban Missionaries, a three storey building, with the designated centre confirmed on the ground floor only. The remaining areas including the first and second floor are not part of the designated centre.

The centre is registered to accommodate 32 beds with a mixture of low to high dependency residents. On the day of the inspection, 22 residents were accommodated in the centre, two of which were in hospital. Due to significant fire safety risks identified in a Fire Safety Risk Assessment (FSRA) undertaken by the provider, a restrictive condition was placed on the registration for the provider to address all red and orange rated fire risks identified in the FSRA by 30 April 2024. The purpose of this condition is to ensure the registered provider will ensure the safety of the residents living in the centre and will address the regulatory non-compliances in respect of fire precautions.

The inspector was met by a member of staff and then later joined by the person in charge, who facilitated the inspection. This inspection was based on a focused review of fire precautions. Following an introductory meeting with the person in charge, the inspector began a walk around of the entire designated centre. During this time, the inspector identified the provider had carried out a significant quantity of fire safety works compared to the previous inspection in September 2022 and had improved the safety of the residents living the centre. A number of fire safety risks had been addressed. Notwithstanding the efforts of the provider, some of the red and orange rated fire risks identified in the FSRA had not been completed within the prescribed time line of the restrictive condition. These and some additional fire risks identified on the day are outlined in detail in the following sections of this report.

The centre was clean, tidy and overall well maintained. Areas of the centre were bright, warm and appeared to be a comfortable environment for the residents to enjoy. The residents were observed to be out of their bedrooms, relaxing and reading the newspaper in the day space. The inspector interacted with some of the residents, one of which told the inspector that it can be noisy at night time due to the doors opening the closing and it was sometimes difficult to open his bedroom door. The inspector noted the layout of the dining room and the kitchen that once were joined had now been separated by a new protected escape corridor. This had reduced the size of the original dining room and the new layout had not been reflected in the current fire evacuation floor plans.

## Capacity and capability

Maynooth Mission to China (incorporated) is the registered provider. The purpose of this unannounced inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the previous inspection findings and the subsequent restrictive condition put on the centres registration following the inspection findings on September 2022.

The management structure had clearly defined lines of authority and accountability. The provider had carried out significant fire safety works in the centre and was committed to completing all fire safety works in order to bring the centre into full compliance.

The restrictive condition attached to the registration of the centre outlined that by 30 April 2024 the registered provider shall have addressed all red and orange rated risks set out in the FSRA. At the time of the inspection, while a significant quantity of fire safety works had been completed, the inspector observed that not all fire rated risks had been completed. These included red and orange rated fire risks. As such, the provider was in breach of their restrictive condition.

The majority of commitments made by the provider from the previous inspection with regards to fire precautions had been actioned. Notwithstanding this, further improvements were required to achieve regulatory compliance in relation to fire precautions in the centre. These and fire risks relating to a breach of a restrictive condition are discussed under the quality and safety section of this report.

This inspection found that the governance and management of fire safety in St Columban's College was of a good standard. Systems in place were mostly effective in the maintenance of fire safety systems. However, the oversight of some fire safety management systems and the processes to identify, and manage fire safety risks required improvement to ensure the safety of residents living in the centre. This was evidenced by the fire risks identified on the day of the inspection. These are outlined in detail in the quality and safety section of the report and under Regulation 28.

## Regulation 23: Governance and management

While governance and management systems supported a good standard of maintenance of effective fire safety systems and a number of good fire safety management system were in place, some management systems were not sufficiently robust and required action. For example:

- The provider had not recognised some of the fire risks found on the inspection and additional fire precautions were required to ensure that residents were protected from the risk of fire as detailed under regulation 28.
- Some fire risks identified on a previous inspection in September 2022 were found on this current inspection.
- The provider was in breach of a restrictive condition and had not provided the required resources to complete all required fire safety works within the specified date set by the Chief Inspector.

Judgment: Not compliant

## Quality and safety

It is acknowledged the provider had completed a significant quantity of works and was working through a programme of fire safety works. New fire doors had been fitted throughout the centre, additional detection and emergency lighting had been installed to some areas, compartmentation works and changes to the layout of the centre had been implemented, all in order to improve the fire safety measures throughout the centre.

While progress had been made since the last inspection in September 2022, the inspector noted the provider had failed to fulfil all the commitments outlined in the restrictive condition to complete all red and orange rated fire risks outlined in the FSRA by 30 April 2024. The registered provider was in breach of their restrictive condition as one red rated risk and two orange rated risks still remained. These were in respect of the following:

- The provision of adequate means of escape in regards to a shared staircase and lift with the first and ground floor areas.
- The provision of an adequate fire detection alarm system as works to the system were still on going. Furthermore, the adjoining building and the designated centres detection systems were not linked and the detection system had been previously recommended for an upgrade. In addition to this, a number of cross corridor fire doors had magnetic hold open devices that had yet to be linked back to the fire detection alarm system. This resulted in staff implementing a practice of wedging these doors open for ease of movement around the centre.
- Emergency lighting was absent in a number of areas to external escape routes. Internally emergency light and directional signage was also lacking above some cross corridor fire doors and along evacuation corridors.

The above fire risks remained unresolved on this current inspection. Prior to this inspection, the provider had submitted an update that stated the FSRA would be updated in March 2024 and an application to the local fire authority was to be submitted for their approval. Both of these commitments had not been completed at

the time of this inspection. Furthermore, sign-off from the providers' fire consultant for the works had not been obtained as fire safety works were still on-going.

The inspector found repeated and additional fire safety risks on the day of the inspection. A number of actions were required in relation to fire precautions, means of escape, emergency lighting and evacuation floor plans. These and other fire safety concerns are detailed further under Regulation 28: Fire Precautions.

The records provided on the day of inspection showed the fire detection and alarm systems, kitchen extract ducting, boiler, laundry equipment and fire extinguishers were being adequately serviced. However, the annual maintenance certificate was not available for the emergency lighting system. Instead the inspector reviewed the annual report that highlighted a number of failings and defects of emergency lighting on the system.

While in-house fire checks in regards to means of escape were up-to-date, the inspector noted gaps in the records of weekly fire alarm checks and emergency lighting checks. Furthermore, there was no indication given on what emergency lights had been checked or their location.

Staff spoken with were familiar with the fire evacuation policy in place, the location of the fire compartments for progressive horizontal evacuation and were all up-to-date with fire safety training. The fire safety management policy was present and comprehensive.

Overall this inspection found significant progress had been made by the provider to address the fire risks in the centre since the previous inspection. Notwithstanding this, more progress was required. The number of repeated and additional fire safety risks identified on this current inspection raised concerns about fire safety management in this centre. This was further compounded as the registered provider was in breach of their restrictive condition. Appropriate effort and resources were now required by the provider to bring the centre into compliance with Regulation 28: Fire Precautions.

## Regulation 28: Fire precautions

The registered provider was failing to meet the regulatory requirements on fire precautions in the centre and had not ensured that residents were protected from the risk of fire. The provider was non-compliant with the regulations in the following areas:

Day-to-day arrangements in place in the centre did not provide adequate precautions against the risk of fire.

- A number of fire doors throughout the centre were found to be wedged open, including a kitchen door, which was a repeated finding. This created a risk for



fire and smoke to spread unhindered as the closing mechanism to ensure fire doors close in the event of the fire alarm activating had been interfered with.

- Several new fire doors fitted did not have any signage to indicate the function of each room. This could cause confusion and delay for staff in a fire emergency.
- External refuse bins were noted to be stored up against an external window of the designated centre. This presented a potential risk of a fire from a bin to spread through a window and into the centre.

The provider did not provide adequate means of escape including emergency lighting. For example:

The current layout of the centre allowed for one escape staircase to open directly into a protected corridor as it was not enclosed. This did not provide adequate means of escape and requires a review. This had been identified in the previous inspection and in the centres fire safety risk assessment.

While the person in charge informed the inspector the lift was no longer in use, the enclosure under the staircase that was used as an electrical lift machine room was not formed of fire resisting construction. This was a repeated finding.

There was a lack of emergency lighting to some external areas of the centre to provide the required illumination to evacuate residents to the designated assembly points during a night time evacuation. Internally, there were areas that were lacking emergency directional signage to direct staff and residents to the nearest fire exits in the event of a fire emergency. This was a repeated finding.

A fire exit fitted with a magnetic locking device was found to be lacking a manual over-ride mechanism. This created a risk of the fire exit failing to open in the event that the magnetic device malfunctioned, which would delay an evacuation.

The provider needed to improve the arrangements for maintaining the means of escape and building services. For example:

The inspector observed a timber external ramp in front of a fire exit that had decayed and was in a bad state of repair. This could delay or inhibit staff or residents from egressing from this exit in the event of an evacuation.

The quarterly maintenance certificates for the emergency lighting system were available to the inspector and up-to-date. However, the annual maintenance certificate was not available for the system. Instead the inspector reviewed the annual report that highlighted a number of failings and defects of emergency lighting on the system.

The provider had failed to adequately review fire precautions throughout the centre. For example

The inspector noted repeated findings from the providers own fire safety risk assessment dated January 2022 had not been resolved which included one red risk and two medium rated risk. This was also part of commitments outlined in a

restrictive condition on the provider's registration. Furthermore, some fire risks from the inspection carried out in September 2022 were identified again on this current inspection.

The registered provider needed to make improvements in the arrangements for the detection of fire. For example:

While additional detection had been fitted since the previous inspection, works to the detection system were still on going. Some new detectors were found to be hanging down from the ceiling and detection was lacking in residents en-suite areas.

Furthermore, the adjoining building and the designated centres detection systems were not linked. This was a repeated finding from the previous inspection.

The displayed procedures to be followed in the event of a fire required a review by the provider

Floor plans on display were not up to date and did not reflect the recent changes to the layout of the centre following the recent fire safety works. Furthermore, the zone map on display did not match the compartment floor plans. This could cause confusion as the zone detection areas overlapped the fire compartment areas. Furthermore, fire action notices had conflicting information as they indicated different locations for an internal fire assembly point.

Judgment: Not 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
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 28: Fire precautions	Not compliant

# Compliance Plan for St Columban's Retirement Home OSV-0000166

Inspection ID: MON-0043015

Date of inspection: 08/08/2024

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In response to the concerns raised under Governance and Management regarding fire safety, management acknowledges the regulator's findings and emphasizes that many issues have already been successfully addressed following previous inspections. These include the substantial fire safety improvements completed, including new fire doors and compartmentation work. The Provider is currently applying for a fire safety certificate to address and resolve remaining matters. These matters cannot be fully addressed without it, as it provides the necessary legal framework for specific fire safety works.</p> <p>The Provider fully, while also recognises the need to meet Regulation 23(a) by allocating sufficient resources for compliance and effective care delivery. The Provider has provided sufficient resources to meet its obligations under Regulation 23(a) and will continue to do so.</p> <p>The Provider is committed to completing all outstanding work as quickly as possible. Our initial proposed compliance date of 31 May 2025, was based on a number of timelines (related to the planning and fire certification processed), being outside our immediate control.</p> <p>Following your correspondence of 24th October we have clarified a number of matters as follows.</p> <ol style="list-style-type: none"> <li>1. Our supplier has confirmed that the installation of the new fire detection and alarm system will commence on 11 November 2024 and be commissioned by 23 December 2024.</li> <li>2. The Provider has engaged a fire engineer to manage the application process for the</li> </ol>	

fire safety certificate. This application will be submitted within three weeks.

3. Our Fire Engineer will also assist in the Provider's planning application. It is expected that the application process with the building control authority may take up to eight weeks to review and issue the required certificate. Once planning approval is received this will allow the remaining external fire exits / additional means of evacuation works to proceed. This work will then be prioritised and completed as soon as possible consistent with maintaining.

4. The Provider is committed to providing the Regulator / Chief Inspector with a revised completion date (prior to May 2025) for the remaining fire safety works, once Fire Certification and Planning approval has been received.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: In response to the identified fire safety concerns, management acknowledges the issues raised during the inspection and has taken the following actions, to date:

**Matters Which Have Been Addressed:**

**External Emergency Lighting:** In response to the issue of emergency lighting being absent in certain areas, management confirms that additional external lighting to cover escape routes has been installed – Completed by 11 October 2024.

It is important to note that the current emergency lighting system complies with the relevant standards in place at the time of its installation, and this compliance has been certified by our maintenance contractor. However, management remains committed to enhancing the level of lighting throughout the centre on an ongoing basis to further improve safety and meet evolving standards.

**Wedged Fire Doors:** Staff have been instructed to immediately discontinue the practice of wedging fire doors open. A new fire safety protocol has been implemented to ensure that fire doors remain closed to prevent the spread of fire and smoke. Additional staff training has been provided to reinforce the importance of maintaining compartmentation. **Automatic Door Closures** will be commissioned in early January 2025, once the new Fire Alarm.

**External Refuse Bins:** The external refuse bins have been relocated to a safer area, away from external windows, to mitigate the risk of fire spreading from the bins into the

building - Completed: 15 August 2024

Fire Detection and Alarm System: Any hanging or incomplete detectors are being secured, and detection in en-suite areas is being added – Completed.  
The issue of linking the detection systems between the adjoining building and the designated centre is also being resolved, when the new Fire Alarm is commissioned.

Fire Procedures and Floor Plans: The displayed fire procedures and evacuation plans have been updated to reflect recent layout changes and correct any conflicting information. The zone map has been reviewed to ensure that detection areas align with fire compartments, and all fire action notices have been made consistent across the centre - Completed: 30 September 2024

Floor Plans and Evacuation Maps:

In response to the issues identified with outdated floor plans and evacuation maps, management confirms that a competent person has been engaged to produce updated and compliant floor plans. These plans accurately reflect the recent layout changes following the fire safety works. The updated floor plans are in place since 30th September 2024. It is also noted that that all fire safety signage and evacuation information are up to date and readily accessible to staff and residents in the event of an emergency - Completed: 30th September 2024

External Ramp: The decayed timber external ramp in front of one of the fire exits is replaced to ensure it does not delay evacuation during an emergency - Completed: 11 October 2024

Updated Fire Risk Assessment Undertaken:

In response to the findings regarding unaddressed red and orange-rated fire risks and the breach of the restrictive condition, management confirms that the provider has engaged a competent professional to conduct a comprehensive fire risk assessment. The original assessment referenced in the inspection was reviewed by a fire engineer, who identified inaccuracies in several areas. The updated assessment ensures that all fire risks are accurately identified, and appropriate measures are taken to address them. The fire risk assessment was completed by 16 September 2024 and reported on 14 October 2024. The provider is committed to completing all necessary fire safety works to achieve full compliance - Completed: 14 October 2024

Additional Works Scheduled:

Signage on New Fire Doors: Signage for newly installed fire doors is currently being

addressed and will be completed when Fire Application is approved.

#### Fire Detection Alarm System:

In response to the concerns regarding the fire detection alarm system, management confirms that approval has been given to a contractor to provide a new and fully compliant fire detection and alarm system throughout the centre. Additionally, staff have been advised of the importance of maintaining compartmentation and have been instructed to discontinue the practice of wedging fire doors open. Ensuring that fire doors remain closed is critical to preventing the spread of fire and smoke and is now being strictly enforced. Work is scheduled for 11 November 2024, and commissioning is set for 23 December 2024 Scheduled: 11 November 2024

Magnetic Locking Device on Fire Exit: The provider confirms that a specialised company has been engaged to install a new fire detection and alarm system (FADS). Work is scheduled for 11 November 2024, and commissioning is set for 23 December 2024. All magnetic hold-open devices are expected to be installed by 17 January 2025. In the interim, staff have been advised to keep doors closed to maintain fire safety. The delay in fitting the hold-open devices is due to the comprehensive installation of the new FADS, which includes updated cabling and infrastructure to ensure optimal fire safety compliance Scheduled: 11 November 2024

#### Fire Certification / Building Control Application:

The Provider has been advised that the fire safety certificate application should be submitted within the next three weeks. Following submission, it is anticipated that the building control authority may take up to eight weeks to review and approve the works and issue the required fire safety certificate. The fire engineer is actively engaging with the fire control authority to determine if the process can be expedited, ensuring that all safety measures are implemented as soon as possible. The provider remains committed to the safety and compliance of the facility, prioritising these aspects throughout the project.

Maintenance Certificates for Emergency Lighting: While the quarterly maintenance certificates for emergency lighting were available, management acknowledges that the annual maintenance report was missing. Steps are being taken to obtain this certificate, and defects identified in the annual report are being addressed as part of ongoing improvements. Completed.

Sign Off From Works Completed To Date: It is expected that sign-off related to the installation of fire doors and the completion of remedial works concerning compartmentation will be fully addressed within the next few weeks. Scheduled: 11 November 2024.

To Be Addressed Following Fire Certificate and Planning Approval:



Means of Escape and Emergency Lighting: Management acknowledges the need to improve the means of escape and emergency lighting. A review is underway to address the issue of the escape staircase that opens into a protected corridor as part of our fire safety certificate application. As set out above, additional emergency lighting is also being fitted in external areas and along internal corridors to ensure proper illumination during an evacuation

Lift and Staircase Enclosure: A fire safety engineer is preparing the necessary fire safety certificate application. This application is essential to facilitate the proposed closure of the lift and stairwell. Additional escape provisions will be necessary to ensure safe evacuation for occupants on the first floor of the main house.

The fire engineer has advised the Provider that, under current conditions, the risk to resident evacuation remains minimal. In the event of a fire on the ground floor, smoke and heat would rise initially, presenting limited immediate impact on first-floor residents (main house, not the nursing home) and allowing adequate time for safe evacuation. Additionally, if a fire were to occur on the first floor, the area has a detector linked to the nursing home FDAS. This setup would ensure early warning, and as smoke and heat would continue to rise, the initial impact on residents would be contained. With two means of escape, residents would not be required to pass through or near the affected area, allowing for a controlled and safe evacuation.

Other Matters:

Unresolved Risks / Missed Deadlines:

In response to the concerns raised regarding unresolved fire risks and missed timelines, the Provider t acknowledges the delay in achieving the original deadlines set for addressing these issues.

However, it is important to note that many factors contributing to this delay were outside the control of the Provider, such as the availability of materials and suitably qualified contractors. The Provider is fully committed to completing all outstanding works as quickly as possible.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/05/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/12/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable	Not Compliant	Orange	31/12/2024

	fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/10/2024
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	31/12/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	04/10/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2024
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	04/10/2024