



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

## Issued by the Chief Inspector

Name of designated centre:	Aras Ui Dhomhnaill Nursing Home
Name of provider:	Sheephaven Investments Limited
Address of centre:	Milford, Donegal
Type of inspection:	Unannounced
Date of inspection:	07 March 2024
Centre ID:	OSV-0000313
Fieldwork ID:	MON-0043067

## About the designated centre

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

The centre is a modern purpose built one storey residential care facility that provides a comfortable and spacious environment for residents. Bedroom accommodation for residents is provided in 44 single rooms and two twin rooms. All rooms have en suite facilities of shower, wash hand basin and toilet which promotes privacy and prevention of infection. The philosophy of care is to provide high quality care to the 48 residents who need long-term, respite, convalescent or end of life care.

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

Number of residents on the date of inspection:	48
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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 7 March 2024	10:00hrs to 18:20hrs	Gordon Ellis	Lead

## What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. There were 48 residents accommodated in the centre on the day of the inspection.

The inspector was met by a senior member of staff who facilitated the inspection.

Following an introductory meeting, a senior staff member accompanied the inspector on a tour of the designated centre. The Inspector observed staff were being very attentive and respectful to residents who were mobilising around the centre. Residents were seen sitting in the main lobby area enjoying each other's company or just watching the comings and goings around them. The inspector noted some residents were attending the hair salon and listening to the radio. There was a busy but pleasant atmosphere during the inspection.

Aras Ui Dhomhnaill is a purpose-built single-storey building with three wings and ancillary accommodation all linked by a central common corridor and foyer. There are 44 single rooms, two twin rooms and ancillary accommodation. The designated centre is registered to accommodate 48 residents. The centre consists of a choice of communal spaces that include day rooms, a dining room, a chapel and a large central foyer used by residents and visitors.

The inspector observed that the residents had unrestricted access to the garden. The garden was found to be well maintained, and the garden paths were free of obstruction.

Corridors were spacious and routes to fire exits were free from clutter. However, hoists were found being charged along some corridors that would be used in the event of an evacuation. A fire exit was fitted with a set of full length curtains that could delay an evacuation. Several emergency directional signs above cross corridor doors were not illuminated.

From a selection of fire doors sampled in the centre, a number of doors along the corridors had gaps and did not close fully when tested by the inspector. In the kitchen area, door closer mechanisms were missing and fire seals had become detached from the frame. In the laundry area, a built-up of lint was found in a dryer and some ceiling areas in the centre had holes around penetrations that required sealing up.

Fire action notices for staff and visitors to follow in the event of a fire were not displayed throughout the centre for and floor plans required more detail for staff to follow in the event of an evacuation.

The main fire panel was located in the central foyer area. The panel indicated there were no faults on the system.

The next two sections of this report presents the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

This inspection found that the governance and management of fire safety in Aras Ui Dhomhnaill was not robust and did not adequately support effective fire safety arrangements and keep residents safe. The oversight of fire safety management and the processes to identify, and manage fire safety risks were not adequate 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.

This unannounced risk inspection was to monitor the designated centre's 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 provider's progress with addressing actions from a previous inspection.

The provider of the designated centre is Sheephaven Investments Limited. The person in charge of the centre was found to be supported by the registered provider, clinical nurse managers and other staff.

Following this inspection, the findings of a fire safety risk assessment which was carried out by the providers' competent person in July 2019 was submitted to the Chief Inspector in March 2024. While the provider had carried out fire safety works, the inspector concluded that identified deficiencies in regards to fire doors and service penetrations that required fire sealing were still outstanding and yet to be resolved.

In addition to this, the provider had separately carried out a fire door report by their fire competent person in September 2023. The report found a significant number of fire doors had deficiencies and required works.

The provider had not taken all necessary steps to ensure compliance with Regulation 28 as evidenced by the number of outstanding fire risks that have yet to be addressed. This was further compounded by the additional fire safety risks identified on the day of the inspection. As such, resources and effort from the provider was now required in order to bring the centre into full compliance with regulation 28: Fire Precautions.

The findings relating to fire safety are set out in greater detail in the quality and safety section of the report.

## Regulation 23: Governance and management

The oversight of fire safety in the centre was not robust and did not adequately support effective fire safety arrangements and keep residents safe.

The provider had failed to provide the resources that were required to fully address the significant fire safety risks identified in their own fire safety risk assessment of July 2019.

Furthermore, the day to day management of fire risks in the centre did not ensure that risks were identified and managed effectively. These findings are set out under Regulation 28

Judgment: Not compliant

## Quality and safety

This inspection found that the providers fire safety arrangements did not adequately protect residents from the risk of fire in the centre and did not ensure the safe and effective evacuation of residents in the event of a fire.

While it is acknowledged the provider had taken measures to address the risks identified in the fire safety risk assessment completed in July 2019, this inspection found that not all fire risks had been addressed.

As a result, the registered provider was failing to meet the regulatory requirements on fire precautions in the centre and had not ensured residents were protected from the risk of fire. More effort and resources were required to ensure all fire risks were addressed in a timely manner.

The outstanding fire risks that had not been completed were for example; deficiencies in regards to fire doors and service penetrations that required fire sealing. The inspector found additional fire safety risks on the day of the inspection that had not been identified by the provider. These are detailed under Regulation 28.

Staff who spoke with the inspector demonstrated a good knowledge of the evacuation procedure in place and had received training for progressive horizontal evacuation. While fire drills were taking place, the records indicated these were based on fire zones and not the location of fire compartments. As a result, the two largest compartments in the centre could accommodate 18 residents. The drill records available to the inspector indicated the largest drill carried out by staff was based on an area that accommodated 8 residents.

Fire evacuation drills are necessary to test evacuation procedures and strategy, and to show that they will work. Staff had not carried out a simulated evacuation of the largest compartments based on night time staffing levels. Therefore the inspector was not assured that adequate arrangements were in place to evacuate residents in the event of a fire.

The centre was laid out with a sufficient number of escape routes and exits. External areas were lacking emergency lighting in areas between buildings and to the side areas of the centre. The fire assembly point located at the front of the centre was not large enough due to the impact of the car parking area. Furthermore, another assembly point located on the corner of the immediate entrance into the centre was not safe. Residents would have to gather at the entrance where emergency vehicles may be trying to access the centre in a fire emergency.

Service records were available for most of the various fire safety and building services and these were all up to date. However the annual certificate for the fire detection alarm system along with the quarterly maintenance certificates for the emergency lighting were not available on the day of the inspection.

There were inappropriate containment arrangements. For example, the inspector found cross corridor fire doors had gaps, did not close fully when released and some were missing smoke seals. Fire doors in the kitchen area had fire seals missing or had detached from the frame, were missing door closers, were fitted with non-fire rated screws and some doors did not close fully.

These and other fire safety concerns are detailed further under Regulation 28; Fire Precautions.

## Regulation 28: Fire precautions

It is acknowledged the provider carried out fire safety works to the centre prior to this inspection. Notwithstanding this, the registered provider had failed to meet the regulatory requirements on fire precautions in some areas and improvements were required by the provider in other areas to ensure adequate precautions against the risk of fire in the centre.

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

- The inspector observed hoists charging in a number of corridors. This created a potential fire risk and could potentially compromise a protected means of escape in the event of an evacuation.
- A slide-bolt type lock was noted to be fitted on the outside of a visitor's toilet. This created a potential risk of a person becoming locked in the toilet with no way of unlocking the door.
- In the laundry room, lint was found in a dryer. This is the leading cause of dryer fires and frequent removal of lint to avoid it accumulating is required to



reduce this risk.

- The inspector observed a deep fat fryer in use in the kitchen area. However, arrangements for an automatic suppression system were not present within the kitchen to quickly suppress any potential hazardous fire from developing. This required a review by the provider and their competent fire person.

The provider needed to improve the means of escape for residents and emergency lighting in the event of an emergency in the centre. For example:

A number of emergency directional signage (running man sign) were not illuminated on the day of the inspection. The provider had informed the inspector that the signage had been modified so as to not be illuminated except in a fire situation when they would be required. The inspector was not assured this action was in line with current emergency lighting requirements and created a risk of visual checks not being effective in identifying a potential fault with an emergency directional signage. A review by a competent person is required in regards to this.

External areas were noted to be lacking emergency lighting in areas between buildings and to the side areas of the centre in order to provide adequate illumination to all external evacuation routes in the event of a night time fire evacuation.

The provider needed to improve the maintenance of the fire equipment, the means of escape and the building fabric. For example:

While most maintenance records were available and up-to-date, the annual certificate for the fire detection alarm system along with the quarterly maintenance certificates for the emergency lighting were not available on the day of the inspection. As a result, the inspector was not assured that all fire equipment were being regularly serviced by a competent technician. These were requested to be submitted by the provider for review.

A fire exit was found fitted with a set of full width curtains. This created a risk of obstructing or delaying access to a fire exit in the event of a fire.

The inspector noted some areas in the centre were noted to have utility pipes or ducting that penetrated through the fire-rated walls and ceilings (walls and ceilings built in a way to provide a certain amount of fire resistance time), and these required appropriate fire sealing measures. For example, in an activities room, a large opening required sealing up due to a series of cables and ducting that penetrated the ceiling.

The provider needed to review fire precautions throughout the centre. For example, in-house checks of escape routes were documented with no actions required in the fire register. However, the inspector identified hoist batteries being charged along corridors in some areas.

Furthermore, a fire risk that had been identified in the providers' fire safety risk assessment, where a large opening in an activities rooms required sealing up due to a series of cables and ducting that penetrated the ceiling. The fire safety risk

assessment was dated July 2019 and had still not been addressed on the day of the inspection.

From an assessment of a sample of residents' personal emergency evacuation plans (PEEPs), the inspector noted they did not include a section for the use of additional aids/sedatives for specific residents who required them. For example residents who may have hearing or sight problems.

While fire evacuation drills were taking place, the records showed that the drills conducted as part of the fire safety training were based on a maximum of six and eight residents, when staffing levels were at their lowest. However, drill records did not include a simulated evacuation of the two largest compartments in the centre both of which can accommodate up to 18 residents in each compartment, therefore the inspector was not assured that adequate arrangements were in place to evacuate, where necessary all persons in the event of a fire based on the drill records reviewed and the current staffing levels at night time hours.

The inspector noted the location of the front fire assembly point required a review. The area for residents to gather was not large enough due to the impact of the car parking area. The fire assembly point was located on the corner of the immediate entrance into the centre. This would result in residents gathering at the entrance where emergency vehicles may be trying to access the centre in a fire emergency.

Arrangements for containment of fire and detection in the event of a fire emergency in the centre required improvement by the provider. For example:

The inspector was not assured of the ability of a selection of fire doors to prevent the spread of smoke and fire. A number of cross corridor fire doors had gaps, did not close fully when released and some were missing smoke seals. In addition to this, fire doors located in the kitchen area had a number of deficiencies which included; fire seals were missing or had detached from the frame. Furthermore, some were missing door closers, were fitted with non-fire rated screws and some doors did not close fully. In particular, one 60 minute fire door could not close due to the fire seals that had detached from the frame.

In regards to fire detection, the inspector was not assured gas detection was present in the kitchen area. In addition to this, fire detection was not present in a number of toilet and bathroom areas located along some corridors used as a means of escape and in a reception desk area.

There were floor plans displayed in the centre. They were annotated in a way with colour to identify the zoned areas of the building but did not decipher the fire compartments for phased evacuation. The floor plans lacked detail in regards to the location of call points, location of fire extinguishers. In addition to this the inspector noted a lack of fire action notices for staff and visitors to follow in the event of a fire emergency throughout the centre.

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 Aras Ui Dhomhnaill Nursing Home OSV-0000313

Inspection ID: MON-0043067

Date of inspection: 07/03/2024

## 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>The provider will ensure adequate supports are in place to support effective fire safety arrangements and keep residents safe.</p> <p>The provider has been upgrading fire safety works as part of the fire risk assessment from July 2019. (Covid-19 pandemic prevented works from March 2020 - March 2022). The upgrading works are now in the final stages of being completed. A specialist company has been employed to complete the fire safety works in the centre &amp; is working in conjunction with the competent fire person and Local Fire Authorities. Resources have been made available and are ongoing for all works to be completed in a timely manner and risks identified by the competent fire person are being managed with the recommendations of the fire competent person.</p> <p>Resources are available for all works to be completed in a timely manner regarding the risks identified in the independent fire doors audit (September 2023) and on the day of the inspection. These works are ongoing and will be completed in a timely manner.</p> <p>The provider will ensure that the day-to-day management of the centre and review of fire precautions are monitored. The provider will ensure floor plans and signage are provided and displayed identifying compartments for phased evacuation, fire points and location of fire extinguishers. New fire action notices will be purchased and displayed throughout the building.</p> <p>An intensive program of training is ongoing at Aras Ui Dhomhnaill nursing home. The fire evacuation training is part of the induction program in the nursing home and practice fire-drills occur regularly. The fire drill target times are decided upon as part of the pre drill objectives depending on the size of the fire compartments. The two trained fire wardens work hard on ensuring that staff have a good understanding of how to manage a fire evacuation specific to the individual compartments detailing different types of scenarios that may occur in the centre. Fire drills are practiced until staff have a full understanding of the compartments, zones and individual residents needs in accordance with the personal emergency evacuation plans (PEEP). New documentation has been designed to include specifics: Fire scenario simulation, the compartment involved in the</p>	

evacuation, the number of residents and staff involved (this should reflect the number of residents in the largest compartment i.e. currently 18 residents). The documentation observes response times of staff, equipment used in the evacuation, the time the last person was evacuated from the compartment. Pre-fire drill objectives are identified one example; includes the adequate supervision of the remaining residents in the centre during an evacuation (to ensure their safety and that no one walks towards the area of fire,) to meet the fire brigade, and manage residents if there is an external evacuation required. Fire evacuation drills are on-going, these are varied with day-time and night-time scenarios. The fire evacuation drills are based on varying compartment sizes in the centre and at a time when staffing levels are at their lowest based on night time hours. The provider has engaged a fire competent contractor to divide the two largest compartments from 18 residents to two 10 resident fire compartments and two 8 resident fire compartments. This will mean that, when complete, the nursing home will consist of one fire compartment of 12 residents, which will be the largest compartment, two fire compartments of 10 residents and two fire compartments of 8 residents. Until the largest 18 resident compartments are divided into two 10 resident and 8 resident compartments resources will be increased to ensure the resident's safety. The service records are available & the annual certificate for fire alarm detection is now displayed in the frame beside the fire panel in the foyer. On the day of the inspection this was not the case however the annual certificate was completed on the 26th February 2024 and the quarterly report on the 8th February 2024. Going forward the quarterly maintenance on emergency lighting will be available and the last quarterly maintenance of emergency lighting inspection was completed on the 11th March 2024 and submitted by the PIC to HIQA on the 13th March 2024, as requested.

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• New remote hoist chargers have been purchased and the new charging points are in a fire proof room away from the corridors.</li> <li>• The slide bolt type lock has been removed from the visitor's toilet door.</li> <li>• The fire prevention cleaning checklist in the laundry has been updated from daily cleaning of the dryer to 3 times daily to ensure there is no build-up of lint.</li> <li>• The provider is liaising with a fire competent person to address the safety measures highlighted by the inspector to look at a safe fire system that can be provided to quickly suppress a fire over the deep fat fryer unit.</li> <li>• All the directional signage (running man signs) will be illuminated at all times on all the signage going forward throughout the building, this will be completed by a competent technician.</li> <li>• Emergency lighting will be upgraded to increase emergency external lighting along</li> </ul>	

external evacuation routes.

- There is a robust system in place on all maintenance records. These are available and up to date: i.e. including the annual fire detection certificate and the quarterly emergency lighting certificates by a competent technician. (this was submitted to the inspector as requested on the 13th March 2024).
- The decorative curtains at the fire doors have been removed.
- The centre has been upgrading fire safety works as part of the risk assessment (July 2019). Works were prevented from March 2020 – March 2022 due to the Covid-19 pandemic. The works are now in the final stages of completion. The highlighted area where perforations through the ceiling (in the activities store room) which require sealing are part of the final snag list on the fire safety risk assessment and are to be completed by the specialist contractor in a timely manner.
- An intensive program of training is ongoing at Aras Ui Dhomhnaill nursing home. The fire evacuation training is part of the induction program in the nursing home and practice fire-drills occur regularly. The fire drill target times are decided upon as part of the pre-drill objectives depending on the size of the fire compartments. The two trained fire wardens work hard on ensuring that staff have a good understanding of how to manage a fire evacuation specific to the individual compartments, detailing different types of scenarios that may occur in the centre. Fire drills are practiced until staff have a full understanding of the compartments, zones and individual residents needs in accordance with the Personal Emergency Evacuation Plans (PEEP). New documentation has been designed to include specifics: Fire scenario simulation, the compartment involved in the evacuation, the number of residents and staff involved (this should reflect the number of residents in the compartment i.e. no:18). The documentation observes response times of staff, equipment used in the evacuation & the time the last person was evacuated from the compartment. Pre-fire drill objectives are identified: for example; includes the adequate supervision of the remaining residents in the centre during an evacuation (to ensure their safety and that no one walks towards the area of fire,) to meet the fire brigade and manage residents if there is an external evacuation required. Fire evacuation drills are on-going, these are varied with day-time and night-time scenarios. The fire evacuation drills are based on the largest compartments in the centre which currently accommodate 18 residents when staffing levels are at their lowest based on night time hours. Every member of staff completes fire training and fire drills are both scheduled and unscheduled. Fire drills occur at least 3 monthly within the center.
- The provider has engaged a fire competent contractor to reduce the two largest compartments of 18 to two compartments of 10 residents & 8 residents. When complete the nursing home will have one compartment of 12 residents, two compartments of 10 residents and 2 compartments of 8 residents and in the interim period, until the new compartments are complete staffing resources will be increased to ensure resident safety. This will mean that, when complete, the nursing home will consist of one fire compartment of 12 residents, which will be the largest compartment, two fire compartments of 10 residents and two fire compartments of 8 residents. Fire drills will be conducted based on varying fire compartment sizes with the greatest emphasis on the



largest fire compartment size.

- The fire assembly point has now been relocated to a larger area away from the entrance of the nursing home site, all policies and training has been updated to reflect this change.
- The provider is working closely with a competent person to ensure that all fire door gaps, fire rated screws, smoke seals and door closers identified in the independent fire door audit (Sept 2023) and at the time of inspection are being rectified.
- The stand-alone toilets and bathroom have been identified and fire detection alarms are being purchased and fitted.
- Currently there is a gas shut off system in the kitchen but a gas detection alarm will also be purchased following the inspection.
- The floor plans will be updated to identify the fire compartments for phased evacuation. They will also include fire call points and the location of the fire extinguishers. More fire action notices will be purchased and displayed throughout the building.
- The personal emergency evacuation plans (PEEPs), now include a section for the use of additional aids/sedatives/cognition/eyesight and hearing for specific residents.

## 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.	Substantially Compliant	Yellow	30/09/2024
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	31/08/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting	Not Compliant	Orange	31/08/2024

	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	30/09/2024
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.	Not Compliant	Orange	31/08/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/08/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/09/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	31/08/2024

	detecting, containing and extinguishing fires.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	30/09/2024
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	31/08/2024