



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

Issued by the Chief Inspector

Name of designated centre:	St. Attracta's Residence
Name of provider:	St. Attracta's Nursing Home Unlimited Company
Address of centre:	Hagfield, Charlestown, Mayo
Type of inspection:	Unannounced
Date of inspection:	11 January 2024
Centre ID:	OSV-0000386
Fieldwork ID:	MON-0042521

About the designated centre

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

St. Attracta's Residence is a purpose-built nursing home that can accommodate up to 70 residents of low to maximum dependency. The centre provides care to residents over the age of 18 who have care needs related to aging or dementia. Care is provided on a long and short term basis and residents who require periods of palliative care are accommodated. Residents are accommodated in single and twin rooms.

The communal facilities include a large bright reception area, bright spacious dining rooms with additional seating overlooking the gardens, and a number of large day rooms that enable quiet time and group gatherings, a private family meeting room, a Chapel, a hairdressing salon as well as landscaped gardens overlooking the surrounding countryside. Car parking facilities are available for visitor use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	66
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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 11 January 2024	09:30hrs to 17:30hrs	Gordon Ellis	Lead

What residents told us and what inspectors observed

The inspector was met by the person in charge and the provider, who facilitated the inspection.

Following an introductory meeting, the person in charge accompanied the inspector on a tour of the designated centre. The Inspector saw that staff were being very attentive and respectful to residents who were mobilising around the centre, listening to music and watching television in the sitting room. There was a busy but pleasant atmosphere during the inspection.

St. Attracta's Residence is a purpose-built nursing home that comprises of a part two storey and majority single storey residential nursing unit that has been extended and upgraded overtime. All residential bedrooms are situated at ground floor level with the bedroom occupancy consisting of single and double bedrooms. The designated centre can accommodate up to 70 residents of low to maximum dependency. At the time of the inspection, there were 66 residents accommodated in the centre. The communal facilities include a large reception area, dining rooms and a number of large day rooms, a private family meeting room, a Chapel, a hairdressing salon and gardens.

Additional compartmentation works were carried out by the provider to reduce the size and bed numbers of compartments in the centre. At the time of the inspection the provider had commenced with building works that entailed concrete foundations for part of the extension at the rear of the centre. The provider was in the process of replacing fire doors along corridor areas as a priority and was in the process of fitting a new fire door at the time of the inspection. Workmen were present in the centre to fit new fire detection to areas.

The inspector observed a good standard of cleanliness and corridors were free from clutter. Prominent signage was displayed outside each compartment entry point to inform staff and residents the compartment number they were entering. Fire evacuation floor plans were displayed along the various corridors. The inspector was informed by staff that additional compartmentation works had been completed in December 2023 but the floor plans had not been updated to reflect these changes.

During the walk around, the inspector noted a set of double doors at the laundry room had gaps over the maximum allowance. In a store room, service penetrations to a ceiling area required sealing in order to ensure adequate containment. Under a staircase, the inspector noted inappropriate storage practices that were brought to the attention of the person in charge who agreed to have them removed.

A fire alarm panel was located in a number of areas. Fire extinguishers were present throughout the centre and were serviced.

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 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 previous inspection.

The provider is St. Attracta's Nursing Home Unlimited Company. A director of the company represents the provider entity. The management structure has 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.

During the registration renewal the registered provider had advised that a recently completed Fire Safety Risk assessment had identified some red and orange rated fire risks but that they were unable at that stage to share the report with the Chief Inspector. Accordingly in the absence of greater clarity in relation to the extent of the risks in the centre and the previous non-compliance history, a restrictive condition was attached to the registration of the centre.

The condition outlined that by 31 December 2023 the registered provider shall have addressed all red rated fire safety risks set out in the Fire Safety Risk Assessment. By the same date the registered provider will have returned a time bound action plan to address all orange rated fire safety risks.

At the time of the inspection, a copy of the fire safety risk assessment was not available to the inspector. The provider had informed the inspector they were waiting to receive the report from their fire consultant and had requested the report on a number of occasions. The provider had verbally stated that all red rated risks had been completed as identified in the assessment. The inspector requested that a copy of the assessment and a time bound action plan to address all orange rated fire safety risks be submitted to Chief Inspector post the inspection to provide assurances to the Chief Inspector that the provider was in compliance with the restrictive condition.

In the days after the inspection, the provider submitted a copy of the fire safety risk assessment which confirmed that all red rated fire safety risks had been completed. However, a time bound action plan to address all orange rated fire safety risks was not received. 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 premises and fire precautions had been actioned. Notwithstanding

this, further improvements were required to achieve regulatory compliance in relation to premises and on fire precautions in the centre. These are discussed under the quality and safety section of this report.

This inspection found that some elements of governance and management of fire safety in St. Attracta's Residence were of a good standard. However, the oversight of fire safety management 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, one of which resulted in an immediate action having to be issued to the provider. These are outlined in detail in the quality and safety section of the report and under Regulation 28.

Regulation 23: Governance and management

Some aspects of governance and management systems supported a good standard of maintenance of effective fire safety systems.

However, the oversight of fire safety in the centre was not robust, it did not adequately support effective fire safety arrangements to keep residents safe. The provider was in breach of their restrictive condition and the provider had not recognised some of the risks found on inspection. 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.
- The inappropriate storage practices resulted in an immediate action on the day of the inspection.
- The evacuation policy had not been updated to reflect the impact the construction works at the rear of the designated centre had on the evacuation procedures and escape routes. There was no clear route to the fire assembly point from this area due to the recent construction works and a suitable evacuation route to facilitate escape in the event of an external evacuation was not available.
- The providers own fire risk register had not been updated to reflect the on-going fire risks that had been identified in the providers' fire safety risk assessment or the on-going construction works to the rear of the designated centre.
- As part of the restrictive condition the provider was required to submit a time bound action plan to the Chief Inspector to address all the orange rated fire safety risks by 31 December 31 and had not done so.

Judgment: Not compliant

Quality and safety

Fire safety systems and the fire safety aspects of the physical premises were maintained to a good standard. The provider was working through a programme of fire safety works. Notwithstanding this, due to the findings of this inspection the registered provider was required to make improvements in order to meet the regulatory requirements in the following areas:

- Deficiencies found in regards to a number of fire doors.
- The provision of emergency lighting to some external fire exits and the provision of emergency directional signage to internal corridors.
- The current arrangement for evacuating, and safe placement of residents in the event of a fire.
- Inappropriate storage practices that compromised the means of escape.
- The suitability of the external escape routes and a fire exit to the rear of the premises.

The centre was laid out with a sufficient number of escape routes and exits. Notwithstanding this, the inspector observed at the end of a corridor that served the resident's bedroom compartment, a final fire exit with a large step opened onto the newly formed foundation and slab for the new extension. The fire exit was still in use. The inspector was not assured the evacuation route provided a suitable means of escape, emergency lighting in the event of a fire or adequate compartmentation was provided between the two areas. Assurances were sought from the provider that this would be addressed in order to continue using it as a fire exit while the construction works were on-going.

The inspector noted inappropriate storage practices in two areas of the centre. Paint tins, fabric sheets and footwear were found to be stored under a staircase used to serve the first floor. This presented a potential fire risk, if a fire did develop, it would be accelerated by the presence of these items. This resulted in an immediate action having to be issued to the provider and the person in charge agreed to arrange for the removal of these items.

In another area behind a storage unit, wheelchairs and oxygenators were being stored along with the charging of hoists and staff mobile phones. This area was not enclosed in fire rated construction and formed part of a lobby. If a fire developed, it would not be contained and would compromise the means of escape.

Staff spoken with demonstrated a good knowledge of the evacuation procedure in place. However, from a review of the simulated evacuation drills for the largest compartment, which were based on night time staffing levels, the evacuation times indicated an extended evacuation time. As a result the inspector was not assured in regard to the safe placement of residents during a fire emergency. Furthermore, the inspector did not observe evidence that evacuation procedures had been updated to

reflect the impact of the on-going construction works to the rear of the designated centre on the evacuation policy and escape routes

Service records were available for the various fire safety and building services and these were all up to date, however, the quarterly and annual maintenance certificates for the emergency lighting were not available on the day of the inspection. The provider confirmed these would be made available post the inspection.

In regards to premises, the registered provider had committed to carrying out a review to address the areas that did not conform to some shared bedrooms. The inspector noted a review had been carried out and the layout of some shared bedrooms had been reconfigured.

However, some shared bedrooms still remained unchanged and did not conform to the matters set out in Schedule 6. These are outlined in detail under regulation 17: Premises. The providers plan was to change these shared bedrooms into single occupancy rooms once the new extension had been completed. The provider was working towards having this work completed.

Regulation 17: Premises

The majority of the premises was in a good state of repair. However, some areas were in need of repair and maintenance:

- Some signs of minor cracks were noted to some ceilings.
- The inspector noted holes around service penetrations needed sealing up.
- A small number of doors had signs of damage and required repair.

The registered provider having regard to the needs of the residents had mostly provided premises which conformed to the matters set out in Schedule 6. However, some shared bedroom accommodation did not conform.

The layout of some twin rooms meant that the positioning of some beds resulted in the room's window being located within the bed space of one of the beds. Access to natural light from this window was only afforded to one resident when the resident closest to the window had their privacy curtain closed. Furthermore, this layout meant that the shared television would not be visible to one of the residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had failed 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. For example:

- An Immediate action in regard to a fire risk was issued to the provider on the day of the inspection in relation to inappropriate storage practices. This was in regard to the inappropriate storage of items such as; paint tins, fabric sheets and footwear under a staircase used to serve the first floor. This was brought to the attention of the person in charge who agreed to arrange for the removal of these items.
- The inspector observed two sets of fire doors had been wedged or propped open. This obstructed a fire door from closing when released. This would allow fire and smoke to easily spread in the event of a fire emergency.
- Oxygen cylinders were noted to be stored outside in a cage. However, a number of oxygen cylinders were not secured from falling over.

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 route of escape from a final fire exit was not suitable to serve as a means of escape for residents due to recent construction works at the rear of the designated centre. Furthermore, there was no clear route to the fire assembly point from this area due to the recent construction works. A review is required to ensure that this is a suitable evacuation route to facilitate escape in the event of an external evacuation.

Internally, some corridors required additional emergency directional signage to ensure the means of escape to all final fire exits were clearly indicated in the event of a fire. The inspector observed a running man sign above a kitchen door from the dining room. This required a review as it indicated to staff and residents the route of escape from the dining room was through a kitchen in a fire emergency.

Externally, while most fire exits were fitted with emergency lighting, the inspector noted that some fire exits were lacking emergency lighting to illuminate these areas during a night time evacuation.

The provider needed to improve the maintenance of fire equipment, the means of escape and the building fabric. For example, while most maintenance records were available and up-to-date, the quarterly and annual 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.

In the Caroline Suite Lounge, an area adjacent to this lobby was being used as a storage area for; charging hoists, charging staff mobile phones, storing wheelchairs and four oxygenators. This area was located behind a storage unit, which was open at the top and side of the storage unit. The area formed part of the lobby and was

not enclosed in fire rated construction. If a fire developed in this area, it would not be contained and would compromise the means of escape from the lobby.

A small number of fire exits were observed to be fitted with full length blinds across final fire exits. This could potentially cause confusion and delay an evacuation. All fire exits should be readily openable and free from potential obstructions in order to provide instant egress in the event of a fire.

The inspector noted several 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.

The provider needed to review fire precautions throughout the centre. For example, in house checks of fire doors, combustibles or obstructions on escape routes, and visual checks fire doors are not wedged open were documented with no actions required in the fire register. However, the inspector identified numerous deficiencies in regard to fire doors, doors wedged open and a fire exit not suitable as a means of escape, hoist batteries being charged on a means of escape and inappropriate storage practices.

Furthermore, the inspector noted the providers own fire risk register had not been updated to reflect the on-going fire risks that had been identified in the providers' fire safety risk assessment or the on-going construction works to the rear of the designated centre.

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 noted of the selection of fire doors sampled, some doors had gaps over the permissible allowable tolerance which included a laundry door and compartment doors. Some doors did not close fully when released, double doors did not align when in the closed position, some were partially or completely missing fire seals and smoke seals to fire doors had been painted over. This rendered them ineffective to prevent the spread of smoke.

In addition to this, a small number of fire doors were lacking a door closer such as; a reception office and a store room and a number of fire doors to residents' bedrooms had been modified with non-fire-rated vents, which compromised the fire door from containing the spread of smoke.

The inspector was not assured there was adequate compartmentation measures in place to separate the construction site from one area of the designated centre while the on-going construction works were being carried out. For example, the proposed rear extension tied into a compartment that accommodated a number of residents' bedrooms. An external grade door used as a final fire exit separated these two areas. This required a review from the provider's competent person to ensure adequate containment of fire was provided between these areas.

A fully addressable fire detection alarm system was present in the designated centre. However, the inspector noted a fire detection was lacking in a linen store to detect the presence of a fire.

Arrangements for evacuating all persons in the designated centre and safe placement of residents in the event of a fire emergency in the centre required improvement by the provider. From a review of the simulated evacuation drills for the largest compartment, which were based on night time staffing levels, demonstrated an extended evacuation time. As the evacuation time was excessive, this implied a deficit in the evacuation strategy. This required a review by the provider and their competent person to; significantly improve the evacuation time and to ensure the safe placement of residents during a fire emergency.

The displayed procedures to be followed in the event of a fire required a review. For example, a clean store room had been recently repurposed as a maintenance room. However, it did not reflect the room label indicated on the floor plans. Furthermore, the inspector was not assured the extent of compartment boundaries indicated on the evacuation floor plans accurately reflected the recently completed fire safety works.

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
Capacity and capability	
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for St. Attracta's Residence OSV-0000386

Inspection ID: MON-0042521

Date of inspection: 11/01/2024

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>St. Attractas has invested significantly in time and money in recent years to ensure a good standard of effective fire safety systems. On the day of the unannounced inspection, work was on ongoing on fire safety programs with contractors onsite actively working on aspects of fire safety and this continues through most of 2024. Since inspection the additional fire risks highlighted have been identified and risk assessed, and the risk register updated. The evacuation policy has been updated to take account of the ongoing construction works and additional information on the primary emergency exit which has been affected by construction works. A fortnightly review of fire safety will take place for the duration of the construction project to ensure continued focus and management of possible issues which may arise. The time bound action plan was not submitted by 31st December as the actual risk assessment had not at that time been obtained from the 3rd party contractor. It has since been obtained and a time bound action plan submitted in line with the remaining orange/medium level risks identified in the assessment. St. Attracta’s has a wholly dedicated, experienced and competent management team who are very aware of and focussed on fire safety and will continue to work towards achieving a high standard of compliance in this and all aspects of operating our home.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>St. Attractas has 17 shared bedrooms all of which meet the size requirements of the regulations. These bedrooms have all been assessed for optimum layout with vital</p>	

consideration given to residents' preferences. We have commenced building an extension to the nursing home which will ultimately convert 10 of these shared bedrooms into single bedrooms. The remaining seven shared bedrooms will be reconfigured to ensure optimum space and layout for residents in line with their preferences. The holes noted around service penetration are included in our plan of fire safety works for 2024 which we have committed to with a completion timeline with HIQA. St. Attracta's has a continual focus on maintenance and employ full time staff who work on maintenance. As with any building our house sustains wear and tear however, we work tirelessly to keep on top of such items as they arise.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Fire Safety Risk Assessment was completed during 2023 however the final report was only received from our 3rd party contractor and sent to the inspector on 15th January 2024. This risk assessment has indicated a plan of works required to achieve compliance and we have committed to completing work on all outstanding medium risks on this by the end of September 2024. These works include remedial work to fire doors and vents in fire doors. The fire compartment plans will be updated once all compartment works are complete.

The fire risk register has been updated to reflect the on-going fire risks that have been identified in the fire safety risk assessment and the on-going construction works to the rear of the designated centre.

We have put in place a fortnightly review of the fire safety processes including evacuation plan for the emergency exit identified as an issue considering the ongoing building extension works. Our oxygen cylinders are contained in a specific purpose cage external to the nursing home building. We will ensure that henceforth the cylinders will be secured to ensure they don't fall over.

Our fire signage was reviewed as part of our overall Fire Safety Risk Assessment carried out in 2023. It has not at the time identified any gaps in our fire safety signage, however we will monitor this.

Our certification for our fire safety systems including our alarm system and emergency lighting is kept up to date by our certified 3rd party contractor. The requested certs have since been submitted to the inspector.

We have put in place signage to indicate we do not now permit storage of any items under the staircase leading to the office area. A review of the storage area where we keep wheelchairs has been carried out and all chargers (phone and hoist) removed from the area. Window blinds have been removed from the fire exits referred to. The two exits with insufficient external emergency lighting have since been addressed.

St. Attracta's has a robust schedule of daily, weekly, and monthly checks to ensure all aspects of fire safety are managed. The inspector has stated that some fire doors were wedged open but failed to bring this to our attention at inspection. We are not aware of any fire doors that were wedged open. St. Attracta's has a strict policy that we do not wedge open fire doors, and this is visually checked daily; in addition, all emergency exits are inspected daily.

The inspector identified 1 fire detection head that was not in place. On review we confirmed that we have 324 fire detection heads located throughout the house. This 1 head was in place but in error was not pulled through the ceiling. Following inspection this was addressed to the electrician who rectified this immediately.

The timing of evacuation drills are an area we are continuously working to improve. We are committed to more frequent drills and staff training with the focus on improving the team's reaction and preparedness. We are committed to achieving a reduction in our evacuation times. The goal of St. Attracta's is ultimately that we will have no more than six beds in any one fire compartment and our current extension will assist us in achieving this objective.

St. Attracta's has committed significant resources to ensure we are compliant with fire safety requirements. Over the past year a considerable investment of time and money has been spent on fire safety. The management and staff of St. Attracta's Residence are wholly committed to ensure a safe and wonderful home for our residents and achieving regulatory compliance.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/01/2025
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	30/03/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	30/09/2024

	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	27/02/2024
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	30/09/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/03/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2024
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	27/02/2024
Regulation 28(3)	The person in charge shall ensure that the procedures to be	Substantially Compliant	Yellow	30/09/2024

	followed in the event of fire are displayed in a prominent place in the designated centre.			
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