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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	St Colman's Residential Care Centre
Name of provider:	Health Service Executive
Address of centre:	Ballinderry Road, Rathdrum, Wicklow
Type of inspection:	Unannounced
Date of inspection:	18 April 2024
Centre ID:	OSV-0000492
Fieldwork ID:	MON-0043424

## About the designated centre

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

St. Colman's Residential Care Centre is a community facility providing a variety of services to the elderly population of Wicklow. St. Colman's Residential Care Centre provides residential care, respite and palliative care for a total of 92 residents both male and female, over the age of 18 years. Accommodation is provided on three units, Primrose Place (26 females), Clover Meadow (30 males), Lavender Vale (30 females, five males and one rehab). Bedroom accommodation is mostly multi-occupancy three and four-bedded rooms. There are two twin-rooms and four single-bedrooms - two of which are allocated to palliative care. There is a designated smoking area for residents on Primrose Place, Clover Meadow and Lavender Vale.

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

Number of residents on the date of inspection:	79
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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 18 April 2024	09:30hrs to 16:30hrs	Frank Barrett	Lead

## What residents told us and what inspectors observed

St Colman's residential care centre is situated on an elevated site in a scenic area near Rathdrum in Co Wicklow. The centre was experiencing an outbreak of flu and because of this, some restrictions on areas of the centre had been imposed. There were restrictions on visiting within these units, and infection prevention protocols were being enforced. The position of the person in charge was vacant and had not been notified to the Chief Inspector of Social Services in line with the requirements of the regulations.

While walking around the centre, the inspector was informed that male and female residents are situated in different areas of the centre, but that the communal spaces are shared. It was noted that during mealtimes, or in communal day spaces, this separation of male and female continued, as the male residents tended to remain on the side of the communal space nearest their unit.

The communal spaces were busy with residents and staff, and there were planned activities taking place during the day. While many residents were in the central lounge, there was an adjoining conservatory area. However, this area was found to be used by staff only, with damage noted to walls, window areas and some walls due to water ingress.

The inspector spoke to some residents during the day about their experience of the centre, and about their familiarity with fire safety procedures. One resident said that he has taken part in fire drills in the past, and was very familiar with evacuation procedures, and the fire alarm. He also indicated that during evacuation drills, staff have assisted other residents and were calm and knowledgeable. When asked about dining and activities, he said that the food is good, and that staff are always organising events. There is a bus available to use for outings. The centre also had an oratory, which was a nice area for residents and visitors to use. However, an electrical junction panel to the rear of the oratory was emitting a loud humming noise which was cause for concern and brought to the attention of management.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced risk inspection, carried out to assess compliance with the Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended), with a particular focus on regulation 17 premises, and regulation 28 fire precautions. Previous inspections at this centre had identified some issues in relation to the management of fire safety, including escape routes, and had identified large bedroom compartment sizes. Upgrade works were required to shared bedrooms to ensure compliance with requirements for separate individual private space within the rooms. The provider also had plans for a substantial development of the centre, however, this project had not yet begun.

The findings of the inspection are that the provider was required to take significant steps to address fire safety concerns, and to ensure that fire safety management at the centre was improved. Due to the risks identified on this inspection, an urgent compliance plan letter was issued to the provider in the days following the inspection, to assure the Chief Inspector that action was taken to mitigate the risk in areas including:

- An electrical panel in the oratory which was emitting a buzzing noise consistent with electrical arcing, which was a high fire risk
- A large number of staff that had not completed fire safety training within the past year
- The management of keys for exit doors, which was not in place in all areas of the centre to ensure that exit doors could be readily unlocked in the event of an emergency.
- The findings of an assessment of fire doors, which had taken place in the months prior to the inspection, was not available on the day of inspection
- Notifications to be submitted relating to the outbreak of infection present at the centre
- Notification of the vacancy of the post of the person in charge

The response to this letter did provide assurance to the Chief Inspector that the risks were mitigated.

The registered provider of St Colman's residential care centre, is the Health Service Executive. There was a management structure in place with the exception of a person in charge, with senior nursing staff, administration staff, facilities management and with support from the area managers of the service in the region. The lack of a person in charge at the time of the inspection was affecting the overall management of the centre, as the position was being filled by an Assistant Director of Nursing (ADON), and this position of ADON was not backfilled.

Management of an infectious outbreak of flu in the centre, was impacting on the running of the centre. Restrictions imposed on entry to affected units, meant that access for residents or visitors in this area was reduced. While the inspector was informed that there were no restrictions placed on visitors, this was not the case, as signage posted at the centre, indicated limits on the numbers of visitors, in line with advice received by the provider. Donning and doffing of personal protective equipment (PPE) was being implemented on entry and exit to these units, and staff

movement was minimised to reduce the spread of infection through other parts of the centre.

There were systems in place to assist in the management of the risk of fire at the centre. The centre was laid out over ground floor space, was fitted with a suitable number of exit doors, and was equipped with an up-to-date fire detection and alarm system, fire extinguishers and emergency lighting. Audits were being carried out daily and weekly on escape routes and fire doors. However, it was clear from this inspection that the audits were not picking up on risks, and the risks were therefore not being actioned. Known risks at the centre were not being managed effectively to minimise the risk. Large compartments were identified where there was no effective compartmentation for large areas. Evacuation methods used in this area included bed movement evacuation. However, obstacles placed on the escape route would significantly hamper evacuation attempts. This had been identified in previous inspections, and was known to the provider. The inspector was informed that issues with fire doors in the centre had also been identified on a fire door audit. However, there was no action plan available to address these concerns as management at the centre had not received a copy of the fire door audit. A training matrix maintained at the centre identified that some staff were out of date on receiving mandatory fire safety training. However, these members of staff were being scheduled to complete shifts at the centre including night duty. Further fire safety issues are dealt with under regulation 28 fire precaution.

## Regulation 23: Governance and management

In consideration of fire safety matters identified during inspection, assurance was required that appropriate management systems were in place to ensure the service provided was safe, appropriate, consistent and effectively monitored by the provider. For example;

- Known fire safety risks were not actioned appropriately including obstructions to bed evacuation in a large compartment.
- Management of escape routes was not robust to ensure that all exit doors could be opened at all times in the event of a fire. Audits of escape routes completed at the centre had not identified concerns relating to obstructions on escape routes.
- Assurance was required that fire doors throughout the centre which had been reviewed by a competent person, had been remedied. These and further fire safety issues are also discussed under regulation 28 fire precautions.

Additional matters identified on this inspection required urgent attention by management at the centre. For example;

- The Chief Inspector had not been notified of the vacancy to the position of person in charge. This planned vacancy was known to the provider in

advance, yet appropriate notifications and arrangements had not been put in place.

- The Chief Inspector had not been notified of an infectious outbreak at the centre. This notification was submitted after the inspection.
- Areas of non-compliance noted on this inspection were repeated failings identified in previous inspection, for example, the placement of furniture in evacuation corridors, and the condition of the conservatory

Judgment: Not compliant

## Quality and safety

Overall, significant improvement was required at this centre to ensure that residents were protected from the risk of fire, and that the premises was appropriate to the number and needs of residents.

Some of the issues identified on this inspection which impacted on the standard of living for residents at the centre, had been highlighted in previous inspections. This included the use and condition of the conservatory area. Damage to the conservatory from leaks had been identified by the provider previously, and in response to this issue, the provider had stopped allowing residents to use the space within this conservatory, until repair works were complete. The area of the conservatory was therefore not available for use by residents, which restricted the amount of communal space available to residents, as the area was used as a staff break room. Other reconfiguration and upgrade works had been completed which changed the use of some of the ancillary rooms. This is detailed further under regulation 17 premises.

The inspector reviewed arrangements at the centre to protect residents from the risk of fire. Due to the significant issues identified in relation to fire safety, an urgent compliance plan letter was issued as outlined above. The response to this letter did provide assurance to the Chief Inspector that the risks were appropriately mitigated.

Storage space was impacting on the risk of fire at the centre. Inappropriate storage of oxygen was highlighted in a nurse's room, where the cylinders were not secured, and there was no signage in place to alert staff to the presence of oxygen cylinders in the room. Due to a lack of appropriate space, hoist batteries were being charged in an electrical service riser which was required to be kept clear. There was a concern relating to electrical items fitted to the wall within the oratory. Electrical junction boxes were emitting a loud buzzing noise, which required assurances as to the safety of the arrangement. There was no fire or smoke containment measures in place around these electrical panels. The oratory was a calming space for residents which was being used regularly, and the presence of the electrical equipment, and



the buzzing noise was resulting in a disruption to the peace and calm offered by the oratory.

Concerns were raised with the means of escape at the centre. The evacuation routes were locked in some locations, with “break glass for key” boxes in close proximity, however, this was not the case at all exit doors. There was confusion over where the keys would be kept, which required urgent review by the provider. An external escape route was not fit for the purpose of evacuating residents with additional mobility needs, as the route was uneven, and there was a step down at the door. This had been noted by the provider but no action had been taken to mitigate these known risks.

The method of evacuation used in one section of the centre, was posing risks to residents in adjoining areas. A large compartment of 25 residents in nine multi-occupancy rooms required review, as the use of bed evacuations would impose significant difficulty in the adjoining compartments in the event of an evacuation from this compartment. The inspector could not be assured that all beds would fit in the adjoining compartment if evacuation was required, as this had not been trialled in fire drills. Staff at the centre were not sure of where they might move the beds to in the event of a fire, and proposed that there are exit doors directly out of the N11 corridor which could be used. This had not been trialled, and may result in further delays or confusion among evacuees and staff if the direction was not clear. Risks to evacuation in this area was further compounded by the placement of furniture, tables and chairs in the corridor. While some sections of the corridor were sufficiently wide to accommodate small items of furniture, the inspector noted furniture, which was placed in front of doors, and was partially blocking the escape route. This furniture was removed on the day.

Fire safety is discussed further under regulation 28 fire precautions.

## Regulation 17: Premises

The registered provider did not ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3:

- The conservatory area was not available for use by residents. The area was registered as a communal space for residents. However, this area was used as a staff break area.
- A number of rooms had changed their function or purpose and required review to ensure that the centre is operating in line with its registration, for example:
  - An area used as a staff break room had been a small office
  - A treatment room had become an archive room

The registered provider, having regard to the needs of the residents of the designated centre, had not ensured that the premises conformed to all the matters as set out in Schedule 6. For example:

- There was significant damage due to water ingress in the conservatory area. The area around the window was damaged as well as the ceiling, and the surface of the structural columns.
- Wear and tear issues were persisting at the centre. Damage was noted to doors, walls and some areas of the flooring. There was no planned work to address this concern, and this was also a repeat finding from previous inspections.

Judgment: Not compliant

### Regulation 28: Fire precautions

The registered provider did not take adequate precautions against the risk of fire and did not provide suitable fire fighting equipment, for example:

- An electrical junction box fitted to the wall at the rear of the oratory emitted a loud buzzing noise. Assurances could not be given that this was not an indication of electrical arcing. This issue was actioned appropriately by the provider following an urgent compliance plan letter.
- Oxygen cylinders were stored in a nurses room. However, there was no measures in place to secure the cylinders and prevent collision. Oxygen enrichment as a result of damaged cylinders would increase the risk of fire.
- Hoist batteries were being charged in an electrical services cupboard. This room had been required to be kept clear.

The registered provider did not provide adequate means of escape, including emergency lighting, for example:

- Tables and chairs were placed on an escape route in an area where bed evacuation would be required in the event of a fire. These obstructions would significantly impact on evacuation in the event of a fire.
- A footpath to the rear and side of the centre was identified as a route to the assembly point. This route was uneven and would not be suitable for the planned bed evacuation method due to a step at the door.
- Keys were not available readily for all exit doors. An emergency exit door from the physiotherapy room was locked, and the key could not be located in a reasonable time. The internal door into this room was also fitted with a key lock which was not available at all times. This route was identified as an exit route and was required to be available at all times in the event of an emergency. Key management formed part of the urgent compliance plan

letter, and the response to this did provide assurance that the provider had taken appropriate steps to reduce the risk.

Significant improvement was required by the registered provider to make adequate arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout, and escape routes. For example:

- Staff training in fire procedures was not fully up to date. Seven nurses and 23 healthcare assistants were identified on the training matrix as requiring refresher training in fire safety. One of the nurses and three of the healthcare assistants were rostered for night duty in the week of the Inspection. Due to the lower staffing levels at night, assurances were required that all staff were trained that were scheduled for night duty.

The registered provider did not ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and, in so far as is reasonably practicable, residents are aware of the procedure to be followed in the case of a fire. For example:

- Extensive fire drills were being carried out at the centre, however, evidence of particular high risk concerns was not being addressed in fire drills. For example:
  - The evacuation strategy required urgent review by a competent person. Following a review of the drill record it was unclear as to the route to evacuate to a safe placement as one compartment in the centre included nine multi-occupancy rooms with a total of 25 residents. The procedure did not detail where all the required bed evacuations would move to. As a result it was not clear if the adjacent compartments could manage the increased numbers of beds in the space available. Furthermore, when management at the centre were informed of this concern, it was suggested that there is external exit doors available to move the beds outside. This suggestion was not outlined in their policy or in their drill practice. The inconsistencies could lead to confusion in the event of a fire, and result in delays to evacuation of the largest compartment. The movement of beds outside in the first phase could also result in additional resources being required to protect and manage these residents at the assembly point which was not indicated in procedure or practice at the centre.
  - External evacuation had not been trialled at the centre. For example, the final exit door through the physiotherapy room, which was an evacuation route from the Lavender Vale unit, did not have a ramp installed. This unit required bed evacuation, and the evacuation of beds through the exit door would prove difficult if required in the event of a fire.
  - The procedure and staff numbers for the evacuation of bariatric residents was not clear. Personal emergency evacuation plans indicated that four staff members were required for this evacuation,

however, this scenario had not been trialled, and therefore the impact on the remaining residents was not known.

The registered provider did not make adequate arrangements for detecting or containing fires. For example:

- There was no containment measures evident in the electrical riser in the ceiling of the clover unit.
- Smoke seals on fire doors were painted over which would reduce their efficacy.
- Containment measures were not in place on a corridor known as the N11 corridor. This meant that the nine rooms accessed from this corridor had no containment measures available to them in the event of a fire within the entire compartment. This also meant that there was no protected corridor in place at these rooms, further reducing the containment level. Windows from the bedrooms to the corridor were louver type windows, which would not contain fire smoke or fumes in the event of a fire.

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 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant

# Compliance Plan for St Colman's Residential Care Centre OSV-0000492

Inspection ID: MON-0043424

Date of inspection: 18/04/2024

## 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> <ul style="list-style-type: none"> <li>• New transformer has been fitted to the Oratory panel.</li> <li>• Locked compartment fitting around fire panel in oratory commencing 17.06.24 with completion due 21.06.2024</li> <li>• Conservatory refurbishment near completion issue with leak in roof which will be repaired prior to Residents occupation 28th June 2024.</li> <li>• The table on the N11 corridor has been removed to mitigate risk for evacuation obstruction. A robust management of escape routes have been improved to ensure all concerns regarding obstructions have been identified and mitigated. This incorporates daily and nocturnal checking by staff of all escape routes with removal of any furniture/equipment causing potential risk of obstruction and delay to evacuation in event of fire. All staff are made aware of the essential need for vigilance at all times of this risk during handover and at weekly fire drill/evacuation.</li> <li>• All staff identified as not having completed up to date fire training have now done so. A quality improvement plan has been implemented with the creation of a Unit based shared folder to prevent re-occurrence of this issue. This enables each CNM individual access to staff education database to initiate prompt and appropriate staff attendance for fire education. Staff have also been requested to own their personal responsibility for their attendance at fire education and safety.</li> <li>• New fire doors are ordered and will be fitted by 30.06.2024</li> <li>• The notification of the outbreak was completed as soon as this was highlighted. Of note all previous outbreaks had been reported in a timely manner.</li> <li>• Recruitment and appointment of replacement Person in Charge has been completed with notification to the Chief Inspector.</li> </ul>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• An application to vary will be submitted before the 5th July 2024 for use of the specified rooms once updated floor plans are available.</li> <li>• Painting to chipped woodwork with replacement plaster work refilling to all wall areas damaged from curtain reconfiguration and wardrobe repositioning for the enhancement of Resident`s optimum personal space project is ongoing and is continuous improvement project.</li> <li>• Replacement of missing floor tiles in all Units is a continual ongoing process as need arises.</li> <li>• New wardrobes have been purchased for Residents in Lavender Vale for those Residents who cannot access fitted wardrobes within the room. This creates a larger personal space area to enable access to their belongings.</li> <li>• Upgrade and replacement plan of Fire Doors on Lavender Vale of doors not meeting Fire standards specification in household cupboard area and file room/treatment room on Lavender Vale has been completed.</li> <li>• New floor covering has been fitted to the Conservatory.</li> <li>• Repair and replacement project to window areas of conservatory, damage on structural columns and ceiling area of conservatory completed with replacement of PVC wipe clean window sills. Painting to wall areas completed</li> <li>• Conservatory roof repairs will be completed 28th June 2024</li> <li>• This is an annual investment programme within this an all Designated Centre`s (for the Care of Older Persons) across Community Healthcare East. The programme of work which is both reactive and preventative is funded through the Providers annual minor capital investment programme.</li> <li>• Furthermore ongoing maintenance requirements are identified, recorded, tracked by the PIC and PPIM and escalated where necessary to the Provider Representative.</li> <li>• The construction of the new Centre will commence in 2024, once formal notifications are dispatched by the Design Team following pre-commencement clarifications/qualifications with the Preferred Contractor. The Provider Representative will advise and engage further with the Authority once a definitive commencement date is to hand.</li> </ul>	
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 transformer has been fitted to the Oratory panel achieving cessation of buzzing noise. Compartment and panel fitting commencing 17.06.24 with completion 21.06.2024. Now complete.</li> <li>• All mobile oxygen cylinders are now stored in external oxygen cage with access for Residents when required.</li> <li>• Hoist batteries have been removed from the electrical services cupboard and are</li> </ul>	



relocated to Nurses Station.

- The table that could hinder evacuation on the N11 corridor has been removed.
- Resurfacing of pathway to rear of Physio Department due to commence 01st July 2024 with completion 12th July 2024 with ramp provision as part of project plan.
- Access keys in addition to the key in break box which was available, have now been supplied to Staff on Lavender Vale, the Person in Charge of the building and at Physio door point of access.
- The fire evacuation strategy in drill performance now indicates (dependent on location of fire direction) the safety area to which beds have moved to. Policy within the Centre is a member of staff stays with Residents when they are evacuated to mitigate risk of re-entry or harm. External bed evacuation is discussed during drills to ensure staff are aware in extreme circumstances this may be required.
- The Provider Representative has requested the presence of the Providers Fire Safety Officer at future evacuation(s) to ensure external (to service) professional audit and guidance to inform any improvement plans where appropriate.
- The Fire exit door leading to the pathway in Physio is not suitable for bed evacuation due to the width allowance of a wheelchair at most. A ramp is being fitted as part of path resurfacing plan.
- The evacuation of Bariatric Residents has been trialed and as a result of risk identification Residents have consented to room moves to enable external evacuation through fire doors as beds are not moveable through Unit fire doors. The Resident who required four staff members for evacuation which was indicated on PEEPS was due to responsive behavior during a drill. This unfortunately at that time required four members of staff to ensure Resident's safety. The possible reoccurrence of this risk necessitated the identified documentation in PEEPS.
- Containment measures are now in place in electrical riser in Clover Meadow.
- Smoke seals on fire doors which were painted over have been replaced.
- Windows are closed as part of fire evacuation drills (if safe to do so). Quote for replacement of these windows is in progress assessment has taken place with Master Fire.

## 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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/06/2024
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.	Not Compliant	Orange	31/07/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Red	26/04/2024

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	26/04/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	26/04/2024
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the	Not Compliant	Red	26/04/2024

	procedures to be followed should the clothes of a resident catch fire.			
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.	Not Compliant	Orange	01/06/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	26/04/2024