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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:	Fermoy Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Tallow Road, Fermoy, Cork
Type of inspection:	Unannounced
Date of inspection:	20 June 2024
Centre ID:	OSV-0000560
Fieldwork ID:	MON-0044029

About the designated centre

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

Fermoy Community Hospital is located on the outskirts of the town of Fermoy. It was originally built in the 1800s as a workhouse and has been a community hospital since the 1990s. It is a two-storey premises but all resident accommodation is on the ground floor. The centre comprises two units 'Cuisle', and 'Dochas'. The former 'Sonas' unit is now an administration block. The centre will accommodate 72 residents when the current renovations are completed. A number of bedrooms have full en-suites attached while the remainder share communal, bath, shower and toilet facilities. Bedrooms include, single, double, triple and four bedded units. The centre is registered to provide care to residents over the age of 18 years but the resident population is primarily over the age of 65 years. There is currently space to accommodate 44 residents with full time, 24 hour nursing care available. A range of meaningful activities are available and the centre is embedded in the local community who organise fund raising on an annual basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	38
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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 20 June 2024	09:40hrs to 18:15hrs	Gordon Ellis	Lead

What residents told us and what inspectors observed

This was an unannounced one day inspection to monitor compliance with the regulations and to inform decision making for a registration renewal application.

The inspector was met by the Assistant Director of Nursing who was deputising in the absence of the person in charge.

Fermoy Community Hospital is located on the outskirts of Fermoy town. The centre comprises of three units with residents' accommodation within the Cuisle and Dochas units. The Sonas unit is extended to the first floor with staff accommodation at ground and first floor, and some day space for residents on the ground floor.

This inspection included a focused review of premises and fire precautions to inform a renewal of registration decision of Fermoy Community hospital. The registration renewal application was for 38 beds, which included a newly refurbished Sonas unit and a newly built extension wing to the Dochas unit, that consisted of eight single rooms with full en-suite facilities.

The provider had confirmed they would be vacating the Cuisle unit to carryout fire safety works and to realign a number of multiple occupancy rooms, following the findings of a previous inspection, once the Dochas unit extension was opened.

Following an introductory meeting, the ADON accompanied the inspector on a walk around the centre. In the first instance, the inspector reviewed the areas which were subject to the registration renewal application. The Sonas unit consisted of a number of residential, administration, service areas and was centrally located. The provider was working through a phased program of works and a portion of the Sonas unit, namely a store and plant room, were still under refurbishment works.

In this unit, the inspector noted call bell devices had not been fitted to a number of rooms, and a set of double fire doors to a store room were lacking closing mechanisms. Along a corridor an emergency directional sign was missing above a set of cross corridor doors, to indicate the direction of escape. In a boiler and an oxygen room, penetrations to fire rating ceilings were identified and required fire sealing. One of the double doors of an external fire exit could not be opened, when tested by the inspector and an electrical cable was found trailing across another external fire exit. Both of these risks were brought to the attention of the ADON and were promptly addressed.

The newly constructed extension to the Dochas unit was also inspected. It consisted of eight single rooms with full en-suite facilities, dining room, store rooms and a nurse's station. A number of improvements in regards to premises and fire safety were identified in this unit and are discussed in detail, under the Capacity and Capability section of this report.

The inspector also walked around the remaining Cuisle and Dochas units of the designated centre. The provider had completed some of the actions from the previous inspection in January 2024, in regards to fire sealing, privacy issues to residents' rooms from internal glazing, painting and decorating, support rails for assisted showers and anti-ligature, pull, call bells, to name a few. However, some actions had not been fully completed. These are discussed in detail, under the Capacity and Capability and the Quality and Safety sections of this report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall there were good systems of fire safety management in the day-to-day running of the centre, however, delays in progressing the phased programme of work meant that risks in regards to fire safety were persisting for a prolonged period.

This was an unannounced risk inspection, carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), with a focus on fire precautions and premises, to inform a renewal of registration decision of Fermoy Community hospital, for the Sonas unit and a new 8 bedded extension wing to the Dochas unit.

The inspection was also used to follow up on the actions taken by the provider to address the commitments in regard to fire precautions and premises from the previous inspection in January 2024.

The provider had completed some of the commitments from the previous inspection in January 2024. However, some actions had not been fully completed. These were in regards to a lack of call bells within residents' spaces in the Dochas unit, some bedroom accommodation did not ensure residents had adequate privacy, where they faced out onto communal garden areas, and were visible across courtyard areas. Furthermore, some of the ceiling areas required painting and cracks were still visible.

Fire containment deficiencies still existed in relation to fire doors, services penetrations were noted, that required fire sealing and some fire doors did not latch fully, when tested by the inspector. Some of these fire works were part of the ongoing capital project. However, residents' privacy and safety were still being impacted for a prolonged period of time.

The Health Service Executive (HSE) is the registered provider for Fermoy Community Hospital. There was a senior HSE manager nominated to represent the

provider. The person in charge had responsibility for the day-to-day operational management of the designated centre and was supported by a team of clinical nurse managers, a team of nurses, health care assistants, catering, household, administration and maintenance staff. The designated centre benefits from access to and support from centralised HSE departments, such as the fire and estates. There were 38 residents living in the centre on the day of inspection.

The inspection was used to review the newly constructed eight bedded extension. From a fire perspective, there were a sufficient number of escape routes and exits. External fire exits were clearly indicated and were enabled to be easily opened in the event of an emergency. A fully addressable fire alarm detection system was in place and this was integrated with the rest of the building. All of the residents single occupancy rooms were furnished with an en-suite.

Notwithstanding this, the inspector found some areas that required improvements. A door closer to a resident's en-suite door was broken and did not function. This require attention. A small number of fire doors did not close fully or latch when tested by the inspector. This required attention to ensure adequate containment.

Emergency lighting along an external evacuation route for the new extension, and at a fire assembly point were lacking. This required a review to ensure adequate illumination is provided during a night time evacuation from fire exits, along evacuation routes and to the fire assembly point.

Floor plans were not on display in the extension. Floor plans displayed elsewhere and contained within fire documentation had not been updated to reflect the new extension. Fire action notices were not on display in the extension unit, to notify staff and visitors of the fire emergency procedures. Staff had not simulated fire evacuation drills, to ensure all staff were familiar with the revised layout of the centre, on completion of the extension and refurbishment works.

Fire doors into all eight bedrooms were the 1.5 (cat and kitten) door type. A door closing mechanism was lacking on all of the kitten doors. A set of double doors to a store room were also lacking closing mechanisms. Furthermore, penetrations to fire rating ceilings in a boiler room and an oxygen room were identified, and required fire sealing.

The inspector noted fire safety policies and procedures were not updated to reflect the extension. Gas installation, and heating system commissioning certificates, were not available for review and the electrical installation commissioning certificate were not available for review.

The required documentation and the requested assurances that all the fire issues identified in the eight bedded extension would be rectified were received, subsequent to the inspection and a timeline for the completion was accepted.

In regards to premises, the inspector identified issues in relation to sinks located in residents' en-suites. The inspector observed two sinks and was informed that; one was a clinical sink and another was a small sink for the resident to use for personal

use. This sink was a finger rinse washbasin only, small in size and was fitted at a lower height. Furthermore, the sinks were found to be missing sink plugs.

A third sink (clinical sink), was also fitted within the resident's bedroom itself. Therefore, the inspector was not assured the resident's sinks in the en-suite were suitable and appropriate for personal use, to ensure compliance with Regulation 17 and which conform to the matters set out in Schedule 6.

Furthermore, a shower drain was found to be slow to drain, when tested by the inspector. This required a review to ensure adequate water drainage was in place. The provider submitted assurances that all of the issues identified, in regards to premises, would be resolved within an acceptable timeframe.

Regulation 23: Governance and management

The provider had taken action to address fire safety risks and premises related issues in the centre arising from the previous inspection in January 2024.

Notwithstanding this, a number of agreed commitments made in the providers' compliance plan still persisted. These were in regards to;

- Deficiencies to fire doors and penetrations were found, that required fire sealing.
- The capital project to address the outstanding fire issues still persisted.
- Some bedroom accommodation did not ensure residents had adequate privacy, where they faced out onto communal garden areas, and were visible across courtyard areas. This is a repeat finding.
- Call bells were not fitted to all residents' areas. This is a repeat finding.

Judgment: Substantially compliant

Quality and safety

Overall day-to-day fire safety was managed well and significant improvement was noted, from the previous focused fire and estates inspection. Considerable work had taken place, to address issues in regards to fire and premises. Notwithstanding this, further action was required to come into compliance with the regulations in relation to premises and fire precautions. In addition to this, not all actions committed to, in the providers' previous compliance plan, had been completed.

All staff were up-to-date with fire safety training. The inspector reviewed simulated evacuation drills on the day of the inspection. However, the most recent fire drill reports were not available, based on night time staffing levels for the largest

compartment in the Cuisle unit. These were subsequently submitted by the provider. Upon review, while the time of evacuation had improved since the previous inspection, it was still high time wise, and could potentially result in residents being exposed to the effects of fire and smoke, before they are safely moved from the compartment. This was a repeat finding from the previous inspection in January 2024.

While there were considerable works completed in relation to fire containment, there was still deficits to fire doors, in some areas, and within the fabric of the building. Some of these fire works were part of the ongoing capital project. However, the residents' safety was still being impacted for a prolonged period of time. The provider had agreed to vacate the Cuisle unit and complete all fire safety works, once the eight bedded extension to the Dochas unit was opened.

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

In the newly refurbished Sonas unit, call bell devices had not been fitted to a number of rooms. In the Dochas, some bedroom accommodation did not ensure residents had adequate privacy, where they faced out onto communal garden areas, and were visible across courtyard areas. These were repeat findings from the previous inspection. The inspector was informed that the provider was planning to upgrade the existing windows before addressing the privacy issues.

The centre was provided with emergency lighting and a fully addressable (identifies on the fire alarm panel, the exact location of the activated detector) fire alarm system and fire fighting equipment. These were serviced and up-to-date. The service records were not available to the inspector in the centre, as required, however they were submitted by request following the inspection.

Staff spoken with demonstrated a good knowledge of the evacuation procedure in place and had trained for progressive horizontal evacuation. Staff were able to demonstrate to the inspector the location of the largest compartment in the centre and where the fire assembly point was located

The personal, emergency evacuation plans (PEEPS) were in place for all residents and were kept under review. The inspector reviewed the fire safety register and noted that it was well organised and comprehensive. The in-house periodic fire safety checks were being completed and logged in the register, as required.

Regulation 17: Premises

While it is acknowledged the provider had carried out works, to come into compliance with regulation 17, further effort was required. Actions committed to, from the previous inspection, were yet to be completed.

The following areas identified on this inspection that required improvements, in regards to Schedule 6, were as follows:

- In Dochas, some bedroom accommodation did not ensure residents had adequate privacy, where they faced out onto communal garden areas, and were visible across courtyard areas. This was a repeated finding.
- A wooden architrave had become detached from a door frame, in the staff kitchenette, and a light fitting was not fully secured to a ceiling.
- Call bells had not been fully fitted to all residents' areas. This was a repeat finding.
- Ceiling areas required painting and cracks were still noticeable. This was a repeat finding.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall this inspection found that good progress had been made by the provider, to address some of the fire risks in the centre, since the previous inspection. Notwithstanding this, more progress was required. Some of the commitments made by the provider had not been completed in full. This meant that risks were persisting for a prolonged period of time.

Arrangements for containment of fire, in the event of a fire emergency in the centre, required improvement by the provider.

In the Sonas unit, fire seals had become detached from a compartment fire door, a ceiling area had been patched with non-fire rated material, and a set of double fire doors to a store room were lacking a closing mechanism, in the Dochas Croi room. On the first floor, cross corridor fire doors did not fully close. The inspector notes gaps were evident to some fire doors, screws were missing from some hinges and a set of corridor fire doors did not fully align.

Furthermore, in a boiler and an oxygen room, penetrations to fire rating ceilings were identified and required fire sealing, to ensure containment of fire and smoke were maintained.

In the Cuisle unit, fire works had progressed since the previous inspection and fire sealing works around some of the fire door frames had been completed. However works were still on-going and repeated deficiencies were found in regards to; gaps to a number of fire doors, some fire doors were missing fire seals and the inspector noted some penetrations that required fire sealing.

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

An electrical cable was noted to be trailing across an external final exit. An emergency directional signage (running man sign) was missing above a cross corridor door, to indicate the direction of escape. Furthermore, one of the double doors of an external fire exit could not be opened, when tested by the inspector. This was addressed on the day, by staff.

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. For example, on the previous inspection in January 2024, the time to evacuate the largest compartment was found to be excessive. On this inspection, simulated fire drills were not available, based on night time staffing levels, for the largest compartment in the Cuisle unit. These were subsequently submitted by the provider. Upon review, while the time of evacuation had improved, it was still high. This was a repeat finding. Further evacuation drill practice and review was required, until the evacuation time can take place in a timely and safe manner.

Judgment: Substantially 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	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Fermoy Community Hospital OSV-0000560

Inspection ID: MON-0044029

Date of inspection: 20/06/2024

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • All deficiencies identified in fire doors and penetrations to the ceiling in the boiler and oxygen rooms that were found have been fixed by a competent fire door provider on 12/07/2024 . • The capital project to address the outstanding fire issues is still ongoing. On completion of the project the fabric of the whole building will mitigate the risk currently identified in the structure. Estimated date of completion is 30/06/2025. • Residents privacy is of the upmost importance to the provider. The provider had committed to privacy screen on the window. However following a capital project review, these windows will be replaced by newer more energy rating windows which will include a privacy film. In the meantime, privacy for residents during episodes of care is ensured at all times by the closure curtains and blinds provided on all the residents windows. Particular attention is paid to the bedroom accommodation that is faced out onto communal garden areas. CNM’s will monitor the compliance daily. All staff will be reminded of the importance of resident’s privacy and dignity at daily Safety Pause during the month of August. Estimated date of completion is 30/06/2025. • Call bells have been fitted to all residents’ areas on 26.06.2024. Photographs were submitted to the regulator on 12/07/2024 . 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Residents privacy is of the upmost importance to the provider. The provider had committed to privacy screen on the window. However following a capital project review, 	

these windows will be replaced by newer more energy rating windows which will include a privacy film. The estimated date for completion of the project is 30/06/2025. In the meantime, privacy for residents during episodes of care is ensured at all times by the closure curtains and blinds provided on all the residents windows. Particular attention is paid to the bedroom accommodation that is faced out onto communal garden areas. CNM's on the unit will monitor compliance daily. All staff will be reminded of the importance of resident's privacy and dignity at daily Safety Pause during the month of August.

- The wooden architrave that had become detached from a door frame in the staff kitchenette was fixed on the day of inspection, 20.06.2024. Also a light fitting that was not fully secured to the ceiling was fixed on the day of inspection.
- Call bells have been fitted to all residents' areas on 20.06.2024. Photographs were submitted to the regulator on 12/07/2024.
- The capital project to address the outstanding fire issues is still ongoing. On completion of the project the fabric of the whole building will mitigate the risk currently identified in the structure. This work will include the replaced of ceiling areas. The ceiling identified in the inspection with cracks and requiring painting will be addressed in the next phase of the capital project. Estimated completion date is 30/06/2025.
- A door restrictor to a resident's en-suite door was broken and has been replaced on 20.06.2024.
- A small number of fire doors did not close fully or latch when tested by the inspector on the day. All the doors have been reviewed and the issues resolved on 21.06.2024.
- The fire panels were serviced and are up-to-date. The service records were not available to the inspector in the centre but have since been submitted to the regulator.
- The sinks were in the ensuites have been fitted with sink plugs on 09.07.2024.
- A shower drain was found to be slow to drain has been resolved on 10.07.2024.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- In the Sonas unit, the fire seals that had become detached from the compartment fire door has been fixed by a competent fire door provider on 16/07/2024.
- The ceiling area that had been patched with non-fire rated material has been fixed with a fire rated sealant on 12/07/2024.
- The set of double fire doors to a store room in the Dochas Croi has been fitted with a closing mechanism on 10/07/2024
- On the first floor, the cross corridor fire doors that did not fully close have been repaired by a competent fire door provider on 12/07/2024.
- All issues noted by the inspector including gaps in some fire doors, screws missing from hinges have been fixed by a competent fire door provider on 20.06.2024.
- The set of corridor fire doors that did not fully align have been fixed by a competent fire door provider on 12/07/2024
- Penetrations to fire rating ceilings identified have been sealed with a fire rated sealant on 12/07/2024.

- The capital project to address the outstanding fire issues is still ongoing. On completion of the project the fabric of the whole building will mitigate the fire risks currently identified in the structure. This will address the issues identified in the fabric of building to Cuisle unit. This next phase of the project will include replacement of some of fire doors in Cuisle. In the interim, the provider continues to provide additional personnel to assist in the event of an evacuation out of hour.
- The provider has installed additional emergency lighting, on 12/07/2024.
- The electrical cable noted to be trailing across an external final exit was removed on the day of inspection, 20.06.2024.
- An emergency directional signage (running man sign) missing above a cross corridor door has been installed on 12/07/2024.
- Reports from simulated fire drills were submitted by the provider. The unit with the largest compartment is planned to be closed temporarily to facilitate the capital project. This phase of the capital project will address the outstanding fire issues in Cuisle. On completion of Cuisle ward, the compartment sizes will be reduced, and the number of compartments will be increased. The kitchen will be isolated into a separate compartment. Evidence of staff fire drills are available in the Unit's Fire Folder. Fire drills will be completed monthly.
- Additional emergency lighting along an external evacuation route for the new extension has been installed to ensure adequate illumination at night, on 10.07.2024.
- A new fire assembly sign has also been installed underneath the emergency lighting to ensure adequate illumination at night, on 12.07.2024.
- Up to date floor plans are now on display in the extension since 02.07.2024.
- Floor plans displayed elsewhere and contained within fire documentation had not been updated to reflect the new extension. The floor plans are scheduled to change on the date that the new extension become a live unit. This is to avoid any confusion in the interim in the event of a fire.
- Fire action notices are now on display in the new extension unit to notify staff and visitors of the fire emergency procedures since 21.06.2024.
- Staff have simulated fire evacuation drills, to ensure all staff were familiar with the revised layout of the centre. These are done monthly.
- Closing Mechanisms have been installed on all fire doors into all eight bedrooms (1.5 door type – cat and kitten door) on 08.07.2024 .
- Closure Mechanism has been installed to the double doors of a store room, on 20.06.2024.
- Fire safety policies and procedures have been updated to reflect the extension. These have been submitted to HIQA on 12.07.2024.
- Gas installation, electrical installation commissioning certificates and heating system commissioning certificates that were not available for review have been submitted to the regulator on 12.07.2024.
- The sinks in the ensuite have been fitted with sink plugs on 09.07.2024.
- A shower drain that was found to be slow to drain has been resolved on 10.07.2024.

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	30/06/2024
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.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	30/06/2024

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/06/2024
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 detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/06/2024
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.	Substantially Compliant	Yellow	30/09/2024