



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

Issued by the Chief Inspector

Name of designated centre:	Aras Ghaoth Dobhair
Name of provider:	Bainistíocht Aras Gaoth Dobhair Cuideachta Faoi Theorainn Rathaíochta
Address of centre:	Meenaniller, Derrybeg, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	29 May 2023
Centre ID:	OSV-0000311
Fieldwork ID:	MON-0040257

About the designated centre

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

This centre is a purpose-built single-storey building located in Gweedore, a Gaeltacht area in Co. Donegal. The centre has been operating since 2004 providing continuing, convalescent and respite care to male and female residents primarily over 65 years with low-to-maximum dependency needs. The centre is registered for 41 residents to be accommodated. Communal day, dining and sanitary facilities were available in addition to 25 bedrooms with full en-suite facilities within two distinct units. The dementia unit can accommodate 20 residents and the general unit can accommodate 21 residents. Bedroom accommodation comprises of 17 single, four twin and four bedrooms with four beds in each. An aim of the service is to provide a caring environment where residents feel supported and valued, and where their primary needs can be met in a warm homelike atmosphere without undermining their dignity, privacy or choice. An objective of the service is to provide a high standard of care and treatment in keeping with best practice and current legislation, to dependent people who can no longer live at home.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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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
Monday 29 May 2023	10:00hrs to 19:00hrs	Gordon Ellis	Lead

What residents told us and what inspectors observed

The inspector was met by the person in charge who facilitated the inspection and were available throughout the day.

Aras Ghaoth Dobhair is located in Derrybeg, a Gaeltacht village in the West of Donegal. The centre is divided into two units, and one of the units is a dementia-specific unit. The inspector spoke with residents and staff, and reviewed a number of fire documents including a fire safety register, maintenance records, staff training, fire policies and procedures.

Following an introductory meeting, the person in charge accompanied the inspector on a walk around the centre. The inspector saw residents up and out of bed, and moving around the centre. Residents in the dementia unit seemed to prefer to congregate in front of the nurses station. The atmosphere in the centre was quiet and calm. Overall the centre was well laid out with many areas bright and spacious for the residents to enjoy. Staff were attending fire warden training on the day of the inspection.

The inspector noted numerous hoists and wheel chairs were being stored along some corridors which made the corridors feel cluttered but did not cause an obstruction. Some hoists were being charged which created a fire risk. The person in charge advised they had planned to create a fire rated enclosure around these areas in order to continue using the area for the charging of hoists.

During the walk around, the inspector noted a running man sign was not illuminated over a fire exit. The fire exit was indicated on the evacuation floor plans, however the inspector was informed that this was not a designated fire exit. In a laundry room, there was a leak due to a broken washing machine and the laundry room was not in use. In a room labelled Salon, the inspector saw a domestic washing machine and a dryer machine in use. Residents' clothing were seen hung up and stored in this room. The room was in use as a fully functioning laundry room. The inspector was informed that this arrangement was only temporary until the laundry room leak was fixed and bed sheets were being outsourced. The inspector raised the implications and impact of using a room that was not constructed to function as a laundry room in regard to containment and compartmentation of a laundry room and the high risk that a laundry room presents. The inspector was informed that this would cease and all laundry would be outsourced until the designated laundry room could be put back into use.

The main fire alarm panel was located at the reception area and was noted to be free of faults. Floor plans were located adjacent to the fire alarm panel and indicated the location of fire exits and compartment boundaries. The fire alarm was not a fully addressable system and this was evidenced by the lack of fire detection in some rooms off the corridors.

The inspector observed that some rooms had been re-purposed. A visitors' room had been changed into a store room, a clean utility room was now a treatment room and a shower room was now serving as a staff changing area.

The next two sections of this report present 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 was an unannounced risk and fire inspection carried out by inspectors 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).
- follow up on the action taken by the provider to address the substantially compliant findings in respect of fire safety from the last inspection in June 2022.
- follow up on the actions taken by the provider to address and manage the 18 high and 22 medium fire risks that were identified in a fire safety risk assessment and issued to the provider by their competent fire consultant on 5 May 2023.

The provider of the centre is Bainistíocht Aras Gaoth Dobhair and is a voluntary body made up of local voluntary organisations, each of whom has appointed a director to the provider entity. The provider informed the inspector during the inspection that the arrangements for the lease of the building was under review to ensure that responsibility for the maintenance and upkeep of the premises was clarified. However, the lease agreement was not finalised at the time of inspection.

On foot of the fire risks identified in the fire safety risk assessment, the provider agreed to introduce an interim risk management plan which set out procedures and systems to take to mitigate the risks to residents living in the designated centre until the 18 high and 22 medium fire risks had been addressed. The inspector found that the provider was fulfilling these commitments. The Chief Inspector of Social Services was awaiting a time bound action plan from the provider to inform how the provider intended to address the known fire risks in the designated centre in line with the recommended time frames for completion within the fire safety risk assessment. This was due to be submitted on 30 May 23 for review.

Notwithstanding this, the oversight of fire safety management systems and the processes to identify, and manage fire safety risks were ineffective to ensure the safety of residents living in the centre. Significant fire safety risks identified on the day resulted in immediate actions 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.

In addition to this, the provider's fire safety risk assessment had identified fire risks that were known to the provider and could have been reduced or removed immediately in order to eliminate the fire risks they created. For example, the inappropriate storage of a linen trolley, the charging of hoists along the means of escape in the centre, the lack of provision for an automatic suppression system in the kitchen even though it was originally specified for the fire safety strategy of the centre. Furthermore, weekly fire door inspections had not identified serious issues to fire doors throughout the centre. During this current inspection, the inspector noted that the situation remained unchanged.

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

Regulation 23: Governance and management

The provider failed to meet the requirements of the regulation on governance and management. Oversight of fire safety in the centre were not fully effective and did not adequately support fire safety in the centre. Furthermore, the provider had not recognised some of the additional fire risks found on the inspection. For example,

- Risks to residents in relation to fire safety that had been identified in a fire safety risk assessment dated 5 May 2023 had not been addressed or progressed by the provider.
- Weekly fire door inspections had not identified serious issues or faults with fire doors in the centre that had been identified both in the provider's own fire safety risk assessment and by the inspector on the day.
- Immediate actions in regard to fire risks had to be issued to the provider on the day of the inspection in relation to inappropriate storage practices as outlined under regulation 28.
- Residents' personal emergency evacuation plans (PEEPs) were not sufficiently detailed and did not include the use of additional aids/sedatives (including night-time) for specific residents who required them. These residents would require a staff member to alert them to a fire emergency especially during sleeping conditions.
- Some fire documentation was not reflective of the designated centre or up to date. For example, an emergency fire action plan stated *"residents who are bed bound on the second floor have been taken into account"*. The centre does not have a first or second floor as it is a single-storey nursing home.

Judgment: Not compliant

Quality and safety

In view of the fire safety concerns identified during this inspection, the inspector was not assured that the provider's fire safety arrangements adequately protected residents from the risk of fire in the centre nor ensured their safe and effective evacuation in the event of a fire.

While it is acknowledged the provider did take measures in order to mitigate the risks identified in the assessment, there had been a significant lack of progress by the provider to address these risks.

The registered provider was failing to meet the regulatory requirements on fire precautions in the centre and had not ensured that residents were protected from the risk of fire. The provider must make significant improvements in order to comply with the regulations. The inspector found uncertainty over means of escape, fire-containment, compartmentation boundaries, visual deficiencies in the building fabric, fire doors, inappropriate storage of flammable and combustible material, a lack of fire detection and emergency lighting which could lead to serious consequences for residents in an emergency. The findings of this inspection aligned with the findings of the provider's own fire safety risk assessment.

The inspector found additional fire safety issues on the day of the inspection that had not been identified by the provider and required immediate action. For example, the inspector noted inappropriate storage practices of flammable and combustible items. In one situation a lawn mower was being stored in a boiler room which is a combustible machine. In another situation, flammable items such as card board boxes and chairs were being stored in an electrical switch room. These events presented potential fire risk--if a fire did develop, it would be accelerated by the presence of these items. This was brought to the attention of the person in charge and arrangements were made for the immediate removal of these items before the end of the inspection.

While there was sufficient fire exits provided, the means of escape and levels of emergency lighting required a review by the provider. In various locations and corridors the inspector observed timber cladding had been fitted and was not assured of its fire rating. This could compromise the means of escape in the event of an emergency. In addition to this, it was not always clear on which route to take to reach a final exit. This was due to a significant lack of emergency exit signs.

Furthermore, the inspector was informed that a fire exit from a sitting room was not actually a designated fire exit even though there was a emergency exit sign fitted above the fire exit and it was indicated on the fire evacuation plans.

As outlined above, the deficiencies found in regard to means of escape and emergency lighting could have a significant impact on the safety of residents in the event of an evacuation and required a review by the provider.

The lack of fire detection and containment deficits in some areas of the centre were found to be impacting on fire safety. For example, the inspector noted fire detection was missing from numerous rooms located along the main corridors and the coverage of detection in the attic space had been found to be sporadic. This was in addition to the numerous compartment deficiencies which had been identified in the attic space, at the primary compartment walls and the kitchen walls.

Furthermore, the ceilings above the corridors which are used as the means of escape, did not meet the required 30 minute fire rating.

The significant deficiencies highlighted above could allow for fire and smoke to easily spread and develop to adjoining areas of the centre. This combined with the lack of detection would create a delay if a fire did develop in the centre and could have a significant impact on the safety of the residents in the centre.

The inspector reviewed the fire safety register and noted that it was adequately organised and comprehensive. The in-house periodic fire safety checks were being completed and logged in the register as required. Notwithstanding this, in-house checks of the fire doors were documented with no faults or actions required in the fire register. However, the inspector identified numerous deficiencies in regard to fire doors were not recorded or actioned by the provider.

The inspector spoke with various staff members on duty in regard to fire safety and evacuation procedures . Staff were confident and very familiar with the practiced evacuation procedures and were in the middle of receiving fire warden training which was being delivered by an external fire trainer on the day of the inspection.

Service records were available for the various fire safety and building services and these were all up to date. There was a fire safety management plan and emergency fire action plan in place. These were found to be comprehensive and informed the fire safety management of the centre. However, the inspector noted, in an emergency fire action plan document it stated "*residents who are bed bound on the second floor have been taken into account*". The centre is a single-storey nursing home. This was brought to the attention of the person in charge who stated it would be updated to accurately reflect the designated centre.

Regulation 28: Fire precautions

The registered provider was failing to meet the regulatory requirements on fire precautions in the centre and had not ensured that residents were protected from the risk of fire. The provider must take significant actions in order to comply with the regulations. 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:

- The inspector observed hoists charging in a corridor. This created a potential fire risk and could potentially compromise a protected means of escape in the event of an evacuation. This was identified in the provider's own fire safety risk assessment undertaken on 26 October 2022 by their competent fire consultant and issued to the provider on May 2023.
- The inspector noted inappropriate storage practices of flammable and combustible items. A lawn mower was being stored in a boiler room. Flammable items such as card board boxes and chairs were being stored in an electrical switch room. This presented a potential fire risk--if a fire did develop, it would be accelerated by the presence of these items.
- In order to gain access to a gas shut-off valve in a kitchen, a machine had to be removed. Furthermore, there was a lack of signage to indicate the location of the valve. Access to a gas shut-off valve should be readily available and obvious to staff in order to access the valve in a fire emergency. This required a review by the provider.
- In a designated smoking area, the inspector noted a fire blanket was undersized for its intended function to douse a cloths fire and needed to be replaced with the appropriate sized blanket.
- Domestic laundry machines were identified by the inspector to be in use in a salon room. This room was not appropriate for operating laundry machinery and required a review by the provider.
- The inspector observed a deep fat fryer in the kitchen area. However, an automatic suppression system was not present within the kitchen. This was identified in the fire safety risk assessment.

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, the inspector identified a number of locations along corridors and in an oratory where areas of timber cladding were present. The inspector was not assured that the timber would meet the required fire rating and as such could compromise the protected means of escape in the event of a fire.

A door leading to an outside area from a sitting room had an emergency exit sign (running man) fitted above. It was observed by the inspectors to not be a designated fire exit in line with the provider's fire evacuation procedures. This could cause confusion in the event of a fire evacuation and required a review by the provider.

Internally, there was a significant lack of emergency directional signage throughout the centre to indicate clear routes of direction to the final fire exits. This was replicated on the external escape routes as it was not obvious where the fire assembly points were located. This could cause confusion in the event of a fire evacuation and required a review by the provider.

The provider needed to improve the maintenance of the means of escape and the building fabric. For example, the inspector noted a fire exit at the main entrance had the option of being locked with a key and a full length curtain was identified over another fire exit . All fire exits should be readily openable without the need for a key on the internal side and free from potential obstructions. This is to provide instant

egress in the event of a fire. Furthermore, a fire exit from a courtyard required a manual over-ride due to the presence of a magnetic lock and a car was parked on an external escape route. This caused an obstruction in the event of an evacuation.

The inspector was not assured of the ability of a selection of fire doors to prevent the spread of smoke and fire. A number of fire doors observed by the inspector had door-closer mechanisms and fire door seals missing. Gaps were noted at the bottom and between doors, some of which were compartment fire doors. Furthermore, a number of fire doors did not close fully when released. These deficiencies posed a significant risk to residents in the event of a fire.

In addition to this, 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 the means of escape and fire doors were documented with no faults or actions required in the fire register. However, the inspector identified numerous deficiencies in regard to fire doors, the inappropriate storage of a linen trolley and hoists charging along the means of escape in the centre. Furthermore, a fire safety risk assessment dated May 2023 by the provider's competent fire consultant had identified significant fire risks to which there had been a significant lack of progress by the provider to address these risks.

From an assessment of a sample of residents' personal emergency evacuation plans (PEEPs), the inspectors noted they were not sufficiently detailed and did not include the use of additional aids/sedatives (including night-time) for specific residents who required them. For example, the inspector observed a resident with significant hearing impairment. This resident would not hear or react to the sound of a fire alarm in an emergency. This resident would require a staff member to alert the resident to a fire emergency especially during sleeping conditions. This was not reflected in the residents personal evacuation plan and would have an impact on their reaction time.

While fire evacuation drills were taking place, the drill records reviewed were not sufficiently detailed and did not provide details on learning outcomes, opportunities for improvement, where the residents were moved too or if the time to carryout the drill included from when the fire alarm was activated.

Arrangements for containment of fire in the event of a fire emergency in the centre required significant action by the provider. The inspector was not assured that there was adequate compartmentation provided in the centre to facilitate progressive horizontal evacuation. This was evidenced from a review of the fire safety risk assessment which had identified the following deficiencies:

- Ceilings above the corridors which are used as the means of escape, did not meet the required 30 minute fire rating.
- The primary compartmentation walls and the compartmentation walls around the kitchen area were compromised in the attic spaces. These required fire

stopping at various junctions and further investigation was required by fire specialists.

- Access fire doors between compartment walls in the attic space were not appropriate and needed replaced.
- Extract fans and ventilation ducting from various rooms in the centre had not been fitted with fire dampers to prevent the spread of fire and smoke.

In addition to this, the inspector noted there were various ceiling access hatches that did not appear to meet the required fire rating. The inspector observed bi-fold timber walls that formed two oratory rooms and an activities room. There were large gaps around these walls and they did not meet the requirements for a fire door and wall. Containment from these rooms was significantly compromised and the width of the door from these rooms were undersized.

Arrangements for detection of fire in the event of a fire emergency in the centre required significant action by the provider. For example, fire detection was lacking in numerous areas of the centre, particularly in rooms located along various corridors. These included a number of toilets and staff changing rooms. The fire safety risk assessment had identified the coverage of detection in the attic space was sporadic. The current detection system fell below the industry standard for designated centres and required a review.

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 28: Fire precautions	Not compliant

Compliance Plan for Aras Ghaoth Dobhair OSV-0000311

Inspection ID: MON-0040257

Date of inspection: 29/05/2023

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"> • All issues identified on the Fire Safety Assessment that can be dealt with immediately pending the necessary mitigation works have been addressed. Additional issues identified by the inspector on day of inspection have also been addressed. • Additional training has been provided to all staff with a significant cohort also receiving fire warden training. A Fire Warden has been assigned to Night Shift. Regular fire evacuation drills have been continued – including improvements following external assessment by fire safety specialists. Evacuation times are being monitored in line with the recommendation from Donegal Fire Service. • Personal Emergency Evacuation Plans have been completed for all residents – including those on short-term respite stays. There are currently no residents who cannot hear alarms, but plans are in place to use vibrating pillows or other non-audio alarm systems if any resident requiring such equipment should need it. • Inconsistencies in documentation have been resolved. 	
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"> • The issues identified in the Fire Safety Assessment commissioned by the HSE are being addressed in coordination with HSE Estates under review of Donegal Fire Services. • We have re-located the hoists to storage areas so that the corridors are uncluttered. • Storage of flammable and combustible materials has been addressed. • All laundry is being outsourced. • Signage for the external gas shut-off valves has been put in place. 	

- The electrical cut-off switches are now labelled with 'Main Breaker' and 'Generator Breaker'.
- Appropriate size fire blankets have been put in place.
- Phase I will be completed by 8/12/23.
- Phase 1 involves:
 - [a] fire Ansul suppression system in the kitchen will be installed on 6/12/23 and the issue of access to shut-off valves has been addressed.
 - [b] work in the attic extending the current ground floor compartmentalisation up to roof level, and the compartment walls have now been fully fire stopped externally above the compartment walls.
 - [c] installation of five new sets of 60-minute retardant fire doors, backs of frames and architraves reinstalled.
 - [d] Two number new external Hydrant markers have been installed.
 - [e] The timber linings locations within the Dementia Unit and main reception area have all been addressed and completed.
 - [f] New flues have been installed for the boilers.
 - [g] The Emergency Lighting System has been upgraded to meet current standards.
 - [h] The original L2/L3 Fire Detection and Alarm system has been upgraded to an addressable L1 Fire Detection and Alarm system, including the installation of new fire panels.
- Phase 2 is progressing as follows:
 - [i] this has been sent to re-tender and submissions have been received and are being reviewed after which all necessary documentation including infection control plans will be finalised – this planning stage is expected to be complete by 22/12/23.
 - [ii] it is currently planned to complete the works in seven stages which consider the maintenance of crucial rooms during the course of the upgrade works. For instance, the building must maintain access to a pharmacy room, bedpan washer and cleaners' utility room at all times during the course of the project as part of infection control procedures. All rooms will return to their original condition upon completion of works. A few rooms will also switch for a time during certain phases. There will also need to be an allowance for some sub-nurse stations to be temporarily relocated during the course of the works.
- An extra staff member on Night Shift to work exclusively as a fire warden will be maintained until Phase 2 is completed.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/10/2023
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	Orange	22/12/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	21/11/2023
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	21/11/2023

Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	21/11/2023
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	18/08/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	21/11/2023
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	18/08/2023