Health Information and Quality Authority

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:	Aclare House Nursing Home
Name of provider:	Aclare Nursing Home Limited
Address of centre:	4/5 Tivoli Terrace South, Dun Laoghaire, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	26 February 2025
Centre ID:	OSV-0000001
Fieldwork ID:	MON-0046034

About the designated centre

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

Aclare House occupies a prime location, a short distance from the centre of Dun Laoghaire. It has views overlooking Dun Laoghaire Harbour and has a large landscaped enclosed garden. It can accommodate 27 residents, both male and female above the age of 18. The centre caters for a range of needs, from low to maximum dependency and provides short term care, long term care, convalescence care and respite care.

The centre comprises of nine single rooms some of which are en-suite and nine twin rooms, some of which are en-suite. Other accommodation includes a computer area, assisted bathrooms, showers rooms, designated smoking area, staff facilities, kitchen, laundry, sluice room. There are communal areas for use by residents such as the lounge, dining room, conservatory and visitor's room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27

How we inspect

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
Wednesday 26 February 2025	08:40hrs to 15:30hrs	Karen McMahon	Lead
Wednesday 26 February 2025	08:40hrs to 15:30hrs	Frank Barrett	Support

What residents told us and what inspectors observed

This inspection was carried out in Aclare house Nursing home, Dun Laoghire, Co.Dublin. The inspection was carried out over one day, by two inspectors. The main purpose of the inspection, was to follow up on the registered providers actions regarding fire safety, following the findings of the last inspection. During this inspection, the inspectors spent time observing and speaking to residents and staff. The overall feedback the inspectors received from residents was that they were happy living in the centre, with particular positive feedback attributed to the staff team.

After a brief introductory meeting with the person in charge, inspectors were escorted on a tour of the premises. Inspectors observed that many improvements had taken place in the centre, to address the findings of the previous inspection, including the complete upgrade to the fire detection and alarm system. Many residents were up and dressed participating in the routines of daily living. The inspectors observed staff attending to residents needs and requests. The inspectors observed numerous interactions where staff were gentle, patient and kind to residents.

The centre is spread over three main floors, spanning two buildings, with two split level floors located between the main floors. Residents accommodation extended across all levels of the centre, with a mix of single and multi-occupancy bedrooms. Residents had access to either an en-suite or shared bathroom, located in close proximity to their bedrooms. Inspectors observed that residents had personalised their bedrooms with items such as photographs and soft-furnishings from home. Residents spoken with expressed satisfaction with their bedroom spaces. Overall the premises was found to be clean and efforts to have a homely environment were evident.

Residents had access to two communal areas. One was a combined sitting room and dining room area and the second was a bright and spacious conservatory. There was also access to an enclosed garden area to the back of the centre. Residents were observed to use all these spaces throughout the day.

It was evident throughout the day that residents exercised choice with regard to their life in the centre such as when to get up and where to have their meals. The inspectors saw there were opportunities for residents to participate in recreational activities of their choice and ability. Activities were on offer every day of the week, facilitated by dedicated activity staff Monday to Friday and an allocated staff member at the weekend. These included exercises, music, art, baking, quizzes and religious services. Residents were observed participating and enjoying the activities on offer on the day of inspection.

Laundry facilities were located on site and residents laundry needs were met by dedicated laundry staff working in the centre. Residents reported no issues with the

laundry services and said that their clothes were always returned washed, dried and folded. Food was home cooked onsite in the kitchen. Inspectors observed fresh baked goods being served throughout the day, along with refreshments.

On the day of the inspection, residents were provided with a choice of meals at dinnertime. There was also a cooked breakfast option and different choices for the tea-time meal. The inspectors observed residents enjoying their meals, being assisted and supervised discreetly by staff. Residents were complimentary regarding the food choices and the quality of the meals within the centre.

The inspectors spoke with six residents on the day of inspection. All were positive and complimentary about the staff, and had positive feedback about their experiences living in the centre. Residents told the inspectors that they felt safe, they were comfortable and very well cared for.

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 on the quality and safety of the service being delivered.

Capacity and capability

The findings of this inspection were that the provider had taken significant steps to improve fire safety at the centre. While some identified risks were not fully resolved, and required further actions, as discussed under Regulation 28, the risk to residents was significantly reduced by the works that had been completed and the actions that the provider had taken. Inspectors found that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support.

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013). The inspectors reviewed the actions taken to address areas of non compliance found on the previous inspection in October 2024.

Aclare Nursing Home Limited is the registered provider of Aclare House Nursing Home. The day to day running of the centre was overseen by the person in charge, who was supported in their role by the directors of the registered provider. Other staff members included staff nurses, health care attendants, activity co-ordinator, catering, housekeeping and maintenance staff. Inspectors found there was sufficient staff on duty to provide care to the twenty seven residents during the day and night. Staffing levels on nights had been increased since the last inspection to facilitate the safe evacuation of residents in the event of an emergency, such as fire.

Training was well monitored within the centre by the management team, and mandatory training, as per the centres policy, was up-to-date. Staff with whom the

inspectors spoke were knowledgeable of residents and their individual needs. Staff had the required skills, competencies and experience to fulfil their roles.

The provider had management systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents. This included a variety of clinical and environmental audits, weekly monitoring of quality of care indicators and trending of incidents involving residents. Information arising from incidents and resident feedback was used to inform service improvements, and communicated to staff during meetings and at daily handovers, in which the person in charge attended.

Policies were in place, in accordance with regulation, and were seen to be reviewed and updated.There was a health and safety statement and a risk management policy in place.

Fire safety management had strengthened since the last inspection through the providers use of consultants, contractors and increased fire safety training. Since the previous inspection, the provider had sought out professional advice on fire safety upgrades and had followed a plan, based on reducing the risk to residents from the impact of fire. Areas of particular risk which had been identified, such as compartmentation, fire detection and alarm, fire safety training, and emergency lighting had all been reviewed. Resources had been dedicated to improving these areas which resulted in a safer environment for residents living at the centre.

The provider had further plans in place to continue with fire safety upgrade works, and implement the findings from a fire safety risk assessment (FSRA) completed by a consultant in November 2024. However, while significant improvements had been achieved since the previous inspection, inspectors found that some aspects of fire safety management required further assurances. Inspectors noted that the FSRA completed in November, did not provide assurance on the completeness of some compartmentation issues. Additionally, while the emergency lighting had been upgraded since the previous inspection, some issues persisted. These issues are discussed further under Regulation 28: Fire Precautions, while the management ofs fire safety is discussed further under Rregulation 23: Governance and management.

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required training to enable them to care for residents safely. There was good supervision of staff across all disciplines.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that while the governance and management arrangements in place were effective in ensuring that residents received person-centred care and support, the oversight of fire safety and maintenance was not as effective. For example:

- The Fire Safety Risk assessment which formed the basis of the upgrade works to the centre, did not provide evidence that the details relating to the appropriateness of compartmentation were reviewed, which meant that the provider was unable to provide assurance on the completeness of fire compartments within the centre.
- Emergency lighting had not been upgraded to industry standards which affected residents use of the centre as discussed under regulation 28 Fire Precautions.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The centre's policies and procedures, as outlined in Schedule 5 of the regulations, were reviewed and updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the care and support residents received was of good quality and ensured they were well-supported. Residents' needs were being met through good access to health and social care services and opportunities for

social engagement. The inspectors observed that the staff treated residents with respect and kindness throughout the inspection.

Staff had relevant training in management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Care plans outlined identified trigger factors and effective methods of de-escalation for individual residents. The only restraint in use in the centre was a lock on the front door, however, this did not impact residents access as inspectors observed residents being supported to leave the premises for a walk or other reasons during the inspection.

Residents had access to appropriate medical and allied health services. There was evidence of regular medical reviews and referrals to specialist services as required such as a physiotherapist, speech and language therapy, dietetics, and chiropody. Care plans were updated to reflect the most recent directives of the clinical team.

Residents had access to television, newspapers and radios. Residents were supported to exercise their civil, political and religious rights. The registered provider ensured that residents had access to facilities for occupation and recreation. There were activities available for residents to attend. The minutes of residents meetings which were reviewed by the inspectors, evidenced that the residents were afforded the opportunity to voice their opinion.

There was a risk management policy in place, which was regularly reviewed. This policy met the requirement of the regulations. The registered provider had also developed a risk register to record possible risks in the centre, and the associated control measures to reduce this risk from occurring. Inspectors observed from review of this document that it was regularly updated to reflect new identified risks, such as; the risks associated with recent building works required to address the fire safety concerns in the centre and the recent red weather warning.

While fire safety had improved significantly since the last inspection, further works were required to comply with regulations, and to ensure the safety of residents in the event of a fire. Some of the areas requiring attention had been identified by the provider and formed part of a works plan. These items would provide additional assurance on safe means of escape, such as; the installation of smoke vents in the stairwell, and fire rated attic hatches. These had been raised on the FSRA, and their remediation was part of the overall plan of works and within the timeframe deemed acceptable in the providers FSRA.

There were other areas for which the provider had not assessed in full, and at the time of the inspection there was no evidence that a clear plan was in place to progress these issues. These included further compartmentation works, to ensure effective compartmentation was in place. The FSRA was guiding the provider regarding adequate compartmentation. However, there was no assessment of the effectiveness of compartmentation above the ceilings. Inspectors could not be assured that compartments extended into the attic spaces to align with the position

of fire doors. The completed FSRA did not assess the attic space and did not provide assurance on the assessment of floors.

Furthermore, the FSRA referred to a fire door audit and recommended implementing the finding of this fire door audit. However, this document was not available to review on the day of inspection. Significant issues were noted with some of the existing doors. These issues varied from a lack of evidence of the fire rating, to gaps around the perimeter. This would lead to a lack of effective compartmentation, and could affect the residents staff and visitors in the event of a fire and evacuation, as fire, smoke and fumes would penetrate compartment lines.

Some of the residents smoked cigarettes, and the provider had upgraded the smoking area to improve fire safety for these residents. However, the new smoking area did not align with the smoking policy and the measures in place to protect residents from fire while smoking. For example; a smoking apron was available, but was not located close to the smoking area, and there was no call bell available for residents to request assistance if they got into difficulty. These issues are discussed further under Regulation 28: Fire Precautions.

Recent fire safety upgrades had resulted in improved accessibility around the residents spaces, for example, the removal of a smoking area adjacent to the rear conservatory had opened up this outdoor space, and resulted in increased natural light, and easier access to the outside from the conservatory. There was no indication that the homely nature of the centre had been decreased by the recent construction of fire safety works, and residents areas continued to be kept clean and well maintained. Some areas of of wear and tear were identified including the the carpet on the stairs, however, the provider had plans in place for this upgrade to ensure that it did not interfere with the intensive fire safety works which had been ongoing. These are discussed under regulation 17: Premises.

Regulation 17: Premises

Overall, the premises of Aclare Nursing home was well maintained and presented. However, some areas did not align fully with the regulations.

The registered provider was required, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- A section of stairs near the kitchen on the lower ground floor was in disrepair. The stairs was carpeted, which edges were unravelling at the corners, and a section of the steps and handrail appeared to be loose. The provider had a plan to replace this however, this was a repeat finding.
- A resident storage space on the first floor was constructed from a wooden material which was rough to touch, and sections of the wood could pose a

risk of splinters to the residents. The cabinet was not painted or sealed, which would also make cleaning it difficult.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined by the Regulation. There was a safety statement and an emergency plan in place, in the event of serious disruption to essential services.

Judgment: Compliant

Regulation 28: Fire precautions

While inspectors recognised the significant improvements that have been made to fire safety at the centre, the registered provider had not taken all adequate precautions against the risk of fire, and to provide suitable fire fighting equipment for example:

- Smoking practice at the centre did not reflect the smoking policy and therefore presented a risk to residents who smoked. The smoking area was not equipped with suitable fire prevention measures which were in close proximity, such as; fire blankets, smoking apron, fire extinguisher and did not have a call bell available for residents to use.

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

- Emergency lighting had been upgraded, however, the installation wiring had not changed. This meant that the system could not be tested without affecting the power supply to the area of the centre being tested. This imposed a restriction on residents , for example, an emergency lighting test of the living area would require the power to that area being turned off. This would impact on residents access to power in the communal space during the period of the test. The installation was not upgraded and certified to reflect current industry standards which would have removed this issue. Quarterly test reports were available, but no certificate of the upgraded installation was available to indicate that the system complied with current industry standards.
- Emergency lighting directional signage was required in areas where new fire doors had been installed on the lower ground floor. The new door in one area

required the removal of an overhead directional sign which was not replaced. The new doors also meant that the line of sight to the signage had changed and required additional emergency lighting to ensure that all sections of corridor were illuminated, and that fire safety devices could be readily identified in the event of a fire and power outage.
- A smoke vent was noted as being required in the evacuation stairwell on the FSRA. This had not been completed. This device would improve the escape route for residents staff and visitors in the event of a fire, as it would allow smoke that may gather in the stirs to escape.
- The alternative escape from the conservatory required evacuees to go to the garden, and back into the centre via another door into the other stairs. the re-entry door was locked at times and required to be opened from the outside with a key, this meant that the evacuation of residents from the conservatory to the assembly point would be delayed. However, the provider committed to fitting a key box at this door in the days following the inspection.

Further improvement was required from the registered provider to 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. For example:

- Fire drills were being conducted at the centre, however, drills completed to reflect the changes made to the compartments at the centre, did not reflect changes in all areas. This meant that staff had not trialling evacuation in all areas using the compartments newly installed which represented a change to the evacuation procedure. This could result in delays or confusion during evacuation if staff were unsure about the revised procedure.

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

- Sections of compartment walls in the stairwells did not provided adequate containment. Alcoves built into the walls at the landing were constructed differently from the rest of the stairwell. These areas could impact on effective containment within these stairwells. This was a repeat finding for which inspectors could not identify as an action on the FSRA, or the providers works plans.
- Attic hatches did not appear to be fire rated within the centre. Attic hatches were present on the first floor, with one bedroom having an attic hatch inside. Non fire rated attic hatches would allow fire smoke and fumes to spread through the attic space to the room below. This was a repeat finding however, this was an action item on the FSRA document from November 2024.
- There was no evidence that effective compartmentation was present above the ceilings and in the attics to align with the location of fire doors on the first floor. This issue was not investigated on the FSRA, and there was no action item developed to mitigate this as a result.

- While new fire doors had been installed in some areas, issues persisted with the fire doors in the centre including:
    - Evidence was lacking on the effective containment measures in place with doors accessing the stairwell. As the stairwell served all three levels, the lack of effective containment measures at these doors meant that resident bedrooms on various levels were effectively in the same compartment. For example, two twin room on the lower ground floor accessed directly to the stairs door in the corridor. This door did not appear to be a fire door or fitted with fire rated hinges or handles. This stairs was not fitted with a door at the upper ground floor level where there were two further twin rooms. At the first floor level, inspectors could not be assured of the fire rating of the stairs door, where there was another resident bedroom. Without assurance of the compatmentation of the stairs, all 9 residents in these five rooms would be effectively in the same compartment over three floors.
    - Bedroom doors did not appear to provide effective compartmetnation to protect the escape routes. Many bedroom doors did not have the characteristics of fire doors, and had significant gaps around the perimeters.
    - A cross corridor door on the upper ground floor indicated on the evacuation plans as a sub-compartment door, did not appear to be consistent with a 30 minute fire rating. The door was a folding door, which would form a fire seal if closed. The glazing in this door did not have appropriate fire rating, and there were no smoke or fire seals present. Staff spoken to were not aware that this door would not provide effective containment of fire smoke or fumes in the event of a fire.

Judgment: Not compliant

Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied health and social care professional support to meet their needs. Residents had a choice of general practitioner who attended the centre as required or requested. Residents were also supported with referral pathways an access to allied health and social care professionals. There was no incidence of pressure ulcer development in the centre for over a year.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre promoted a restraint free environment and there were no residents using bed rails on the day of this inspection. Residents needs in relation to behavioural and psychological symptoms and signs of dementia were assessed and continuously reviewed, documented in the resident's care plan and supports were put in place to address identified needs.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had supplied facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents had access to daily newspapers, radio, television and the Internet. There was an independent advocacy service available to residents.

Judgment: 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aclare House Nursing Home OSV-0000001

Inspection ID: MON-0046034

Date of inspection: 26/02/2025

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: The compartmentation works are in progress, which are scheduled to ensure all fire restraint barriers are properly installed to meet safety standards. The installation and finalization of the emergency lighting system are actively ongoing.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: This section of the stairs has been repaired. (Completed) We are waiting until all building work is complete to replace the covering on the stairs. (31/10/2025) The handrail has been replaced. (Completed) The identified cabinet has now been appropriately painted and sealed. (Completed)	

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: We are committed to ensuring the safety of all residents and staff. The compartmentation works are in progress, which are scheduled to ensure all fire restraint barriers are properly installed to meet safety standards.

A Fire blanket and extinguisher have been installed in designated area. (Completed)

A call bell has been ordered; we are awaiting the installation of the call bell to enhance emergency response capabilities and communication (21/05/2025)

Direction fire signs are ordered and scheduled to be installed to ensure safe and clear evacuation routes for residents, visitors and staff. (21/05/2025)

Installation of the smoking vent is part of the ongoing fireworks. (31/10/2025)

A secure key box will be installed at the premises as previously stated all staff carry keys for this door with them all the time. (21/05/2025)

Smoking vents are part of ongoing fireworks. (31/10/2025)

Regular Fire drills have been conducted after installation of fire compartments and were sent on the 24/12/25 as requested, and were resend to the authority. These fire drills are continually ongoing as part of our fire management. (Completed)

All staff have been trained in the use of the fire evacuation chair; the training evidence was presented on the day of inspection. (Completed)

The compartmentation works are in progress; fire rated doors will be installed including fire doors accessing the stairwell at all levels to ensure that each floor is appropriately compartmentalised. A fire-rated door will also be installed at the upper ground floor stairwell to complete the compartmentation of this escape route. (31/10/2025).

As part of our ongoing compartmentation work, bedroom doors will be replaced with certified fire-rated doors. (31/10/2025)

As part of our compartmentation work, the folding door on upper ground floor will be replaced with a certified fire-rated door. (31/10/2025)

Sections of compartments walls are part of our ongoing compliant work. (31/10/2025)

Attic hatches will be fire rated and are part of our ongoing fireworks. (31/10/2025)

Effective compartmentation will be installed in the attic. (31/10/2025

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	31/10/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions	Substantially Compliant	Yellow	21/05/2025

	against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	21/05/2025
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	30/04/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/10/2025